Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 14 June 2024

A meeting of the Inverclyde Integration Joint Board will be held on Monday 24 June 2024 at 2pm.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to members and officers. Members are requested to notify Committee Services by 12 noon on Friday 21 June 2024 how they intend to access the meeting.

In the event of connectivity issues, participants are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded and made available for viewing on the Council's YouTube channel with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

LYNSEY BROWN
Head of Legal, Democratic, Digital & Customer Services

**** to follow**

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
ITEMS FOR ACTION:		
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 13 May 2024**	**p**
3.	**Inverclyde Integration Joint Board – Voting Membership Update** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
4. **	**Draft Annual Accounts 2023/24** Report by Chief Officer, Inverclyde Health & Social Care Partnership	
5.	**Rolling Actions List**	**p**
6.	**Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee – Proposed Dates of Future Meetings** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
7.	**ADP Annual Survey** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

ROUTINE DECISIONS AND ITEMS FOR NOTING:			
8.	**Inverclyde HSCP Savings Programme Board** Report by Chief Officer, Inverclyde Health & Social Care Partnership		**p**
9.	**Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness** Report by Chief Officer, Inverclyde Health & Social Care Partnership		**p**
10.	**HSCP Workforce Plan 2022-2025 – Progress Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership		**p**
11.	**Chief Officer's Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership		**p**

The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.

ROUTINE DECISIONS AND ITEMS FOR NOTING:			
12.	**Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care services	**Paras 6&9**	**p**
13.	**HSCP Equality Impact Assessment Process – Integrated Front Doors Redesign** Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the development of the Equality Impact Assessment for the Integrated Front Doors redesign	**Para 12**	**p**
ITEM FOR ACTION:			
14.	**HSCP Senior Management Team Structure** Report by Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for part of a revised HSCP Senior Management Team review	**Para 1**	**p**

The papers for this meeting are on the Council's website and can be viewed/downloaded at https://www.inverclyde.gov.uk/meetings/committees/57

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If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

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Enquiries to – **Diane Sweeney** - Tel 01475 712147

Inverclyde Integration Joint Board
Monday 13 May 2024 at 2pm

PRESENT:

Voting Members:

Councillor Robert Moran (Chair)	Inverclyde Council
Alan Cowan (Vice Chair)	Greater Glasgow and Clyde NHS Board
Councillor Martin McCluskey	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
David Gould	Greater Glasgow and Clyde NHS Board
Dr Rebecca Metcalfe	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner
Laura Moore	Chief Nurse, NHS GG&C

Non-Voting Stakeholder Representative Members:

Gemma Eardley	Staff Representative, Inverclyde Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde
Margaret Tait	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Heather Davis	Carer's Representative
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Also present:

Dr Beatrix Von Wissmann	Interim Head of Health Services & Equalities, NHS Greater, Glasgow & Clyde
Anne Sinclair	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Katrina Phillips	Interim Head of Mental Health and Alcohol & Drug Recovery Services, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Scott Bryan	Service Manager, Planning, Performance & Equalities, Inverclyde Health & Social Care Partnership
Nikki Boyle	Health Improvement Lead, Inverclyde Health & Social Care Partnership
Gwen MacBride	Planning Officer (Equalities), Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Karen MacVey	Team Leader, Legal & Democratic Services,

	Inverclyde Council
PJ Coulter	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)

Chair: Councillor Moran presided.

The meeting was held at the Municipal Buildings, Greenock with Ms Cameron-Burns, Mr Gould, Dr Metcalfe, Mr Hinds, Ms Moore, Dr Jones, Ms Eardley and Ms Elliott attending remotely.

20 Apologies, Substitutions and Declarations of Interest **20**

Apologies for absence were intimated on behalf of:

Councillor Sandra Reynolds	Inverclyde Council (intimated after the meeting commenced as being due to connectivity issues)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership

No declarations of interest were intimated.

21 Minute of Meeting of Inverclyde Integration Joint Board of 25 March 2024 **21**

There was submitted the Minute of the Inverclyde Integration Joint Board of 25 March 2024. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

22 Non-Voting Membership of the Integration Joint Board – Carers Representative **22**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) advising the Board of a change in its non-voting membership, and (2) seeking agreement to appoint Ms Heather Davis as the Carers Representative member following the resignation of Ms Christina Boyd. The report was presented by Ms Sinclair and further advised that a proxy for Ms Davis would be appointed in due course.
Ms Sinclair advised the Board of a typographical error in the report, and accordingly the second recommendation should read 'agrees the appointment of Heather Davis as the Carers Representative non-voting member of the Inverclyde integration Joint Board'.
The Chair welcomed Ms Davis to the meeting and expressed the thanks and appreciation of the Board for Ms Boyd's substantial contributions to the IIJB.
Decided:
(1) that the resignation of Ms Christina Boyd as Carers Representative non-voting member of the IIJB be noted; and
(2) that the appointment of Ms Heather Davis as Carers Representative non-voting member of the IIJB be agreed.

23 Financial Monitoring Report 2023/24 Period 11 **23**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets projected financial outturn for the year as at 29 February 2024. The report was presented by Mr Given.
The Board requested an explanation for the underspend within the Alcohol and Drugs Recovery Service and Mr Given advised that this was primarily due to ongoing recruitment issues. The Board requested that recruitment issues be examined in greater

detail, and Ms Rocks agreed that this matter would be remitted to the IIJB Audit Committee. Ms Phillips advised that nurse recruitment was normally undertaken in October, when new nurses qualified, and that the use of agency nurses was now zero, the use of bank nursing was reducing, and that recruitment of a Discharge Co-Ordinator was ongoing.

The Board sought reassurance that, with regard to comments made at a recent GG&C Health Board meeting about all budgets being reviewed, officers were in contact with the Health Board. Ms Rocks and Mr Given assured that there were regular meetings with the Health Board, Ms Rocks having recently met with their Chief Executive, and that the Health Board was content with the financial plans for Inverclyde HSCP going forward.

The Board asked for an explanation for the variances between Health Care and Social Care underspends and Mr Given provided an overview, advising that Social Care was a priority for the service and giving an update on Mental Health in-patient provision. Ms Phillips added that the HSCP were now in partnership with Turning Point Scotland and could offer residential rehab and that access to services continued to develop.

The Board remarked favourably on Mr Given's financial stewardship, commenting that there would be challenges ahead.

The Chair commented positively on the progress with the Community Hub and requested that the Board continue to receive updates.

Ms Eardley and Ms Elliott joined the meeting during consideration of this item.

Decided:

(1) that (a) the current Period 11 forecast position for 2023/24, as detailed in the report and appendices 1 to 3, and (b) the assumption that this will be funded from reserves held, be noted;

(2) that (a) the proposed budget realignments and virement, as detailed at appendix 4 of the report, be approved, and (b) officers be authorised to issue revised directions to Inverclyde Council and/or Health Board as required on the basis of the revised figures as detailed at appendix 5 of the report;

(3) the position of the Transformation Fund, as detailed at appendix 6 to the report, be noted;

(4) that the current capital position, as detailed at appendix 7 to the report, be noted;

(5) that approval be given to the use of £0.2million of the LD Estates Earmarked Reserve towards the Community Hub project costs, as detailed at paragraph 9.2 of the report;

(6) that the draws on reserves, as detailed in the assumed financial position at sections 4 and 5 of the report, be approved;

(7) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted;

(8) that the key assumptions within the forecasts, as detailed at section 10 of the report, be noted; and

(9) that it be remitted to officers to submit a report on recruitment matters to IIJB Audit Committee.

24 Rolling Action List **24**

There was submitted a Rolling Action List of items arising from previous decisions of the IIJB. The List was presented by Mr Given.

Decided: that the Rolling Action List be noted.

25 Inverclyde Report of the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey, February 2024 **25**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the 'NHS Greater Glasgow and Clyde 2022/23 Adult

Health and Wellbeing Survey – Inverclyde', a copy of which was appended to the report. The Board heard a presentation, with PowerPoint slides, by Dr Beatrix Von Wissmann, Interim Head of Health Services & Equalities, NHS Greater, Glasgow & Clyde, entitled 'Re-framing our population health priorities through epidemiology evidence and community feedback'. Thereafter Dr Von Wissmann answered questions from the Board.

During the course of discussion on this item, the Board commented on the challenges facing Inverclyde in relation to social issues, expressing concern and emphasising the need for positive action. In response to comments Ms Rocks advised that an All Members Briefing would be arranged for Inverclyde Council Elected Members based on the content of the survey and presentation.

There were particular comments made about the 35-44 age group, obesity in under 5's, digital poverty, healthy diets for young people and public transport in the evenings, and the need for partnership working was emphasised. Mr McLachlan commented that the social housing sector had an Improving Lives and Places strategy and would be willing to work with partners, and Ms Rocks welcomed this.

Decided:

(1) that the Board acknowledges the health and wellbeing position of the population of Inverclyde;

(2) that the publication of the Inverclyde survey findings and wide use of this data set amongst staff, partner agencies and academia be noted;

(3) that it be noted that (a) HSCP service areas will take the analysis from public health into planning forums, and (b) health improvement will share information with partnerships and communities across Inverclyde; and

(4) that it be remitted to officers to arrange an All Members Briefing for Inverclyde Council Elected Members.

26 Inverclyde HSCP Strategic Commissioning Plan 2024-27 **26**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) presenting the new three-year IJB Strategic Commissioning Plan, a copy of which was appended to the report, and (2) seeking approval for publication and implementation over the next three-year period. The report was presented by Mr Bryan.

The Board commented favourably on the report, particularly moving from a five-year Plan to a three-year Plan and the focus on four Strategic Priorities. Ms Rocks advised that the report would be presented to the Health Board and Inverclyde Council in due course.

The Board asked where Income Maximisation fitted into the Plan, and Ms Rocks advised that this would be accessed via the 'integrated front door' approach which was being developed, with resources being targeted effectively, and that it would be incorporated within the four Strategic Priorities and mirrored across the Board.

Decided:

(1) that the Strategic Commissioning Plan 2024-27, as detailed at appendix 1 to the report, be approved for implementation; and

(2) that the Participation and Engagement paper, as detailed at appendix 2 to the report, be noted.

27 Inverclyde IJB Equality Mainstreaming Report 2016-24 and Equality Outcomes Plan 2024-28 **27**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the (1) Equality Mainstream and Outcomes Report 2016-2024, and (2) Equality Outcomes Plan 2024-2028, copies of which were appended to the report, and seeking approval for their publication and implementation. The report was

presented by Mr Bryan.
The Board asked if there were any further actions emerging from the Equality and Human Rights Commission 2022 report, and Miss Rocks advised that there weren't.
The Board requested that officers consider (a) adding the various outcomes and reports referred to in the report onto the Rolling Action List for monitoring purposes, and (b) reviewing the definition of sexual orientation contained within the report before publishing.
Decided:
(1) that the contents of the Equality Mainstream and Outcomes Report 2016-2024 be noted;
(2) that the contents of the Equality Outcomes Plan 2024-2028 be noted; and
(3) that approval be given to the implementation of the Equality Outcomes Plan 2024-2028 by Inverclyde HSCP.

28 Inverclyde HSCP Housing Contribution Statement (HCS) **28**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the Housing Contribution Statement, a copy of which was appended to the report, which had been developed in partnership with Inverclyde Housing Services and Inverclyde Health & Social Care Partnership. The report was presented by Mr Bryan.
Mr McLachlan commented favourably on the Action Plan contained within the Statement, particularly the depth of detail, and noted the ongoing contribution of housing providers to Health & Social Care.
Decided: that the Housing Contribution Statement be noted.

29 Chief Officer's Report **29**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on (1) Delayed Discharge, (2) Kincare, (3) Homelessness Review, and (4) publication date of the Care Inspectorate Report for Mental Health. The report was presented by Ms Rocks, who thanked all staff involved in the recent joint inspection of adult mental health services.
Mr Hinds left the meeting during consideration of this item.
Decided: that the updates provided within the report be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.

Mr Hinds rejoined the meeting at this juncture.

30 Reporting by Exception – Governance of HSCP Commissioned External Organsations **30**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care Services for the reporting period 10 February 2024 to 12 April 2024. The report was presented by Mr Given and provided updates on establishments and services within Older People Services, Adult Services and

Children's Services.

Decided:

(1) that the governance report for the period 10 February 2024 to 12 April 2024 be noted and as detailed in the private appendix; and

(2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

31 Ms Marie Keirs **31**

At the conclusion of business Ms Rocks acknowledged that this was the last meeting for Ms Keirs, who was moving to Falkirk Council as Chief Financial Officer, and thanked Ms Keirs for her service and wished her well for the future.

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LS/044/24**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board – Voting Membership Update**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IIJB) of a change to its Vice-Chair position.

1.3 The current IIJB Vice-Chair is due to step down as a member of the IIJB and as a Non-Executive member of the Greater Glasgow and Clyde NHS Board ("NHS Board") on 30 June 2024. While a recruitment process is ongoing for a replacement member, the NHS Board has reviewed Non-Executive Board Member responsibilities on the IIJB and has agreed a change to the IIJB's Vice-Chair arrangements, which will take effect on 1 July 2024.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Integration Joint Board notes the appointment by Greater Glasgow and Clyde NHS Board of David Gould as Vice-Chair, with effect from 1 July 2024.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards. As a minimum, this must comprise;

- voting members appointed by the NHS Board and Inverclyde Council;
- non-voting members who are holders of key posts within either the NHS Board or Inverclyde Council; and

representatives of groups who have an interest in the IJB.

4.0 PROPOSALS

4.1 The current Vice-Chair of the IIJB, Alan Cowan, is due to step down as a member of the IIJB and as a Non-Executive member of the NHS Board on 30 June 2024.

4.2 On 30 April 2024, the NHS Board confirmed the appointment of David Gould as Vice-Chair of the IIJB, with effect from 1 July 2024, to replace Alan Cowan. The IIJB is asked to note this appointment.

4.3 The NHS Board is currently recruiting for new Board Members, one of which will replace Alan Cowan on the IIJB and a further report will be brought to the IIJB after the recess with an update on NHS Board voting membership.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 **Finance**

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 **Legal/Risk**

The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

5.4 **Human Resources**

There are no Human Resource implications arising from this report.

5.5 **Strategic Plan Priorities**

This report helps support the delivery of the key vision, priorities and approaches set out in the 2024-2027 Strategic Partnership Plan.

5.6 **Equalities**

There are no equality issues arising from the content of this report.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

There are no clinical or care governance issues within this report.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The Chief Officer has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
24 JUNE 2024

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/ Closed
14 November 2023 (Para 81(2))	Further report on progress with Workforce Plan	Chief Officer	November 2024	Paper to November 2024	Work Ongoing	Open
14 November 2023 (Para 84(2))	Update report on Joint Inspection of Adult Services following publication of inspection report	Chief Officer	After publication of report	Amended at 22 January 2024 meeting - paper to June 2024 – REPORT ON THIS AGENDA	Complete	Closed

Annual Report Schedule and forward planning

June	September (date TBC)
• Draft Annual Accounts • Proposed Dates of Future Meetings • Update on Joint Inspection of Adult Services following publication of inspection report • Workforce Plan Update • Integration Schemes Update • Governance of External Organisations	• Audited Annual Accounts • Clinical & Care Governance • Annual Performance Report • Digital Strategy • Equalities Duty Update • Finance Monitoring • Directions Annual Report • Annual Report on IIJB resilience arrangements as a Category 1 Responder • Governance of External Organisations

AGENDA ITEM NO: 5

November (date TBC) • Workforce Update • PCIP update (6 monthly update) • Finance Monitoring • Further report on progress with Workforce Plan • Homelessness Redesign • Governance of External Organisations	January (date TBC) • Finance Monitoring • Chief Social Work Annual Report • Update on Vaccination Programme • Annual Report on Improving Cancer Journey Model • Governance of External Organisations
March (date TBC) • Budget Setting 24/25 • Finance Monitoring	May (date TBC) • Finance Monitoring • Inverclyde HSCP Strategic Plan update • Further progress report on implementing Public Sector Equality Duty Compliance and Improvement Plan • Further report on success and governance of Kincare Scheme
Others • Publish set of equality outcomes (4 yearly) • Report on progress toward equality outcomes (2 yearly) • Report on mainstreaming of equality into day-to-day operations (2 yearly)	

REMITS TO IIJB AUDIT COMMITTEE

ACTION	UPDATE
13 May 2024 (Min reference 23(9)) That it be remitted to officers to submit a report on recruitment matters to IIJB Audit Committee specifically around the Alcohol and Drug budgets	Placed on IIJBAC RAL for September 2024 meeting (date TBC)

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**LS/043/24**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee – Proposed Dates of Future Meetings**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to seek agreement of a timetable of meetings for both the Inverclyde Integration Joint Board (IIJB) and the IIJB Audit Committee for 2024/25.

1.3 Members will note from the 2024/25 timetable that, as in previous years, it is proposed to hold six meetings of the IIJB and three meetings of the IIJB Audit Committee.

2.0 RECOMMENDATIONS

2.1 It is recommended that agreement be given to the timetable of meetings for the IIJB and the IIJB Audit Committee for 2024/25, as detailed in the appendix to the report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Standing Orders of the IIJB provide for meetings to be held at such place and such frequency as may be agreed by the IIJB. The proposal in this report is for six meetings to be arranged for the period from September 2024 to June 2025, with all meetings commencing at 2pm.

3.2 In June 2016, an Audit Committee was established as a Standing Committee of the IIJB. The Audit Committee's Terms of Reference provide for the Committee to meet at least three times each financial year and that there must be one meeting a year, or part thereof, where the Committee meets the External Auditors and Chief Internal Auditor without other senior officers present.

3.3 It is proposed that the IIJB Audit Committee meets at 1pm on three of the six dates on which the IIJB meets, in September, March and June, as requested by the IIJB Audit Committee in March 2022, and that the meeting with the External Auditors and the Chief Internal Auditor be arranged for 12 noon on Monday 9 September 2024.

4.0 PROPOSALS

4.1 To avoid a potential clash with a number of meetings arranged by NHS Greater Glasgow & Clyde, and which are attended by members of the IIJB, the meetings for the IIJB and IIJB Audit Committee are on Mondays.

4.2 Meetings of the IIJB Audit Committee and IIJB are scheduled to begin at 1pm and 2pm respectively, the exception being as detailed in paragraph 3.3 above.

4.3 It is proposed that the IIJB notes the content of this report and agrees the IIJB and IIJB Audit Committee timetable of meetings for 2024/25 as attached in the appendix to this report.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

5.3 **Legal/Risk**

There are no legal/risk implications arising from this report.

5.4 **Human Resources**

There are no Human Resource implications arising from this report

5.5 **Strategic Plan Priorities**

There are no Strategic Plan Priorities implications arising from this report.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The Chief Officer has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

TIMETABLE 2023/24

IJB/IJB Audit Committee	Submission Date – 9am	Pre-Agenda Date	Issue Agenda	Date of Meeting
IJB Audit Committee	Friday 16 August	Monday 26 August – 2pm	Friday 30 August	**Monday 9 September – 12 noon and 1pm**
Inverclyde Integration Joint Board	Friday 16 August	Monday 26 August – 3pm	Friday 30 August	**Monday 9 September – 2pm**
Inverclyde Integration Joint Board	Friday 25 October	Monday 4 November – 3pm	Friday 8 November	**Monday 18 November – 2pm**
Inverclyde Integration Joint Board	Friday 13 December	Monday 13 January – 3pm	Friday 17 January	**Monday 27 January – 2pm**
IJB Audit Committee	Friday 28 February	Monday 10 March – 2pm	Friday 14 March	**Monday 24 March – 1pm**
Inverclyde Integration Joint Board	Friday 28 February	Monday 10 March – 3pm	Friday 14 March	**Monday 24 March – 2pm**
Inverclyde Integration Joint Board	Friday 17 April	Monday 28 April – 3pm	Friday 2 May	**Monday 12 May – 2pm**
IJB Audit Committee	Friday 30 May	Monday 9 June – 2pm	Friday 13 June	**Monday 23 June – 1pm**
Inverclyde Integration Joint Board	Friday 30 May	Monday 9 June – 3pm	Friday 13 June	**Monday 23 June – 2pm**

Appendix 1

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership**	**Report No:**	**IJB/28/2024/KP**
Contact Officer:	**Katrina Phillips Head of Service**	**Contact No:**	**01475 558000**
Subject:	**ADP Annual Survey**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 This is a briefing paper to go along with the Alcohol and Drug Partnership (ADP) Annual Survey, which is required to be approved by both; the ADP committee and IJB.

The ADP Annual Survey is produced by the Scottish Government and is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery plan of the National Mission on drugs, during financial year 2023/24.

Scottish Government require both ADP Committee and IJB approve prior to submitting the Annual Survey by the deadline of the 28 June 2024.

2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB review the ADP Annual Survey and approve prior to the ADP Team submitting to Scottish Government by the required deadline.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The main aim of the ADP Annual Survey is to evidence progress of the National Mission by providing information on the activity undertaken by all ADPs in Scotland.

3.2 ADPs in Scotland are required to report to their local IJB Committee and therefore it is a requirement, where possible, that both local ADP Committee and IJB Committee approve the final survey prior to submission.

3.3 The 2023/24 ADP Annual Survey Official Statistics report is scheduled for publication in autumn 2024.

3.4 The ADP Annual Survey gathers local information relating to the following:

- Structures in place to inform surveillance and monitoring of alcohol and drug harms or deaths
- Resilient and Skilled Workforce in our ADP
- Lived and Living Experience
- Stigma Reduction
- Fewer people develop problem substance use
- Risk is reduced for people who use substances
- People most at risk have access to treatment and recovery
- People receive high quality treatment and recovery services
- Quality of life is improved by addressing multiple disadvantages
- Children, families and communities affected by substance use are supported

4.0 PROPOSALS

4.1 N/A

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs – N/A

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings) – N/A

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 **Legal/Risk**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

N/A

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. N/A

(b) Equality Outcomes

How does this report address our Equality Outcomes?

N/A

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improving and maintaining access by enclosed actions
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	nil
People with protected characteristics feel safe within their communities.	Maintaining safer communities

	by supporting people with vulnerabilities
People with protected characteristics feel included in the planning and developing of services.	Involved in service planning and review as part of wider ADP
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Inherent throughout services
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Nil
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Nil

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. N/A

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

N/A

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	ADP supported projected improve lives of those experiencing alcohol and drug addiction issues and their families
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	ADP supported projects aim to support individuals within their own communities
People who use health and social care services have positive experiences of those services, and have their dignity respected.	ADP supported projects treat everyone with dignity and respect
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	ADP supported projects are focused on improving outcomes for all service users
Health and social care services contribute to reducing health inequalities.	ADP supported projects aim to ensure equality of access and support to everyone using their services
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	ADP supported projects support families and carers with an holistic approach
People using health and social care services are safe from harm.	ADP supported projects aim to reduce harm for individuals
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	ADP supported projects treat staff with dignity and respect and support them to deliver services
Resources are used effectively in the provision of health and social care services.	ADP supported projects are subject to ongoing monitoring to ensure most effective use of resources

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.

X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 Inverclyde ADP Annual Report 2023/24.

Appendix 1

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses here. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’. [single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- X Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

X Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify): Alcohol Death Review Group commencing Summer 2024.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

Yes

X No

Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

The role of the ADP chair within the COG is being picked up and being considered as part of the work of the COG going forward.

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

Inverclyde's Drug Death Review Group (DDRG) has in the past 6 months took a new approach into how we monitor drug deaths locally - this has been achieved through introducing a new infrastructure that will enable joined up service approaches. Group membership now consists of third sector commissioned services from our Recovery Contract and statutory partners, including, ADRS, Homelessness, Police Scotland, Social Work, Pharmacist. Reprentation from Mental Health and the Children and Families Service also attend when relavent. An action tracker and learning log has been produced for the working group, these documents are use to take forward releavnt actions and to feedback to the Alcohol

and Drug Death Monitoring Group on steps being taken to reduce drug deaths locally. The DDRG are also repsonsible for completing the national reporting database for the NHS GGC Drug Death Analyst.

An Alcohol Death Review Group is being set up locally and hould be running by Summer 2024. We are still finalising plans around the format of this review group, however it is likely it will follow the same process as the DDRG, but not have the expectation to complete the national return paper at this stage.

There is also an Incident Review Group (IRG) Inverclyde, it's a governance meeting chaired by Head of Service for ADRS, Mental Health & Homelessness Services. Along with staff from each of these services, representation from consultant psychiatrists across the areas, psychology leads, OT lead and the clinical director attend. Any severe adverse clinical incidents, all deaths and any other governance issues are discussed and reviewed. ADP representation attend when relevant.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

X Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

When the ADP is made aware thorugh RADAR of an emerging threat, the communciation is shared thorugh the DDRG and with wider working groups to ensure communciation is passed as widley as possible.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.40
Total vacancies (whole-time equivalent)	1.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Coordinator 37 hours
Support Officer 37 hours
Business Support 18 hours
Harm Reduction Post (VAC) 37

ADP receive support from Senior Data Analyst Post which is based within ADRS as and when required, roughly 1 day per week - I have calculated this into the total current staff in 6.a.

The ADP Coordinator is currently on long term sick, with the ADP support Officer acting up as interim coordinator. There is a temp support officer in post to cover the support officer who is acting up.

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

Internal staff have access to occupational health and counselling support if required.

The commissioned service for the Recovery Contract offer counselling support sessions should staff of volunteers request this through their manager.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an ‘x’. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	**Family members**
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)	Delivery Planning	Delivery Planning

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

X Prerequisite for our commissioning

Asked about in their reporting

X Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

Strategy Consultation (March 2024) - he ADP commissioned a consultant to develop a new 5 year strategy and 2 year delivery plan. The ADP ran target consultation sessions with commissioned services and open conversations cafes inviting those from across Inverclyde with lived and living experience, to have their say on current and future service provision locally.

*Commissioned Services (Recovery Contract & Families Contract) (Full Year Costs) - costs allocated within contract to support those with lived and living experience, through 1:1 peer support, group programming/activity and group meetings.

*Recovery Month Programming and Activity (August & September 2023) - the lived experience network were funded through the ADP to programme a range of activities and events in conjunction with the National Recovery Walk which took place in Greenock last year. There was also a local planning group with SRC which included a number of people with lived and living experience.

*SDF Employment Placement Programme 2 x FT placements (Full Year Costs)

* Additional budget aligned to Recovery Hub Contract towards 2 x FT Peer Support Staff (September 2023 - March 2024) This additional enhancement on top of the Recovery Contract was put towards recruiting 2 members of staff with lived

[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

experience who could build on the assertive outreach programme and peer support offer locally.

Shine A light on Recovery Event (March 2024) the ADP funded an event planned and developed by the Recovery Hub and Lived Experience Network.

Experiential Interview Expenses (Nov 23 - Feb 24) budget was located from ADP to cover costs of vouchers for those who had taken part in experiential interviews.

*Funding for 3rd Sector Support Services (March 2024) ADP budget was issued through a small grant funding process to support 3rd sector organisations in partnership working, with the aim of supporting people into recovery and back into community life.

Gym Passes for commissioned services.

*MOST COSTLY.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an ‘x’. [multiple choice]

X ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

Community action plan

Drug deaths and harms prevention action plan

X MAT standards delivery plan

Service development, improvement and/or delivery plan

None

Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

The ADP have this year funded the Resilence Network in Inverclyde to produce a stigma resource which is promoted through our ADP website and the thrid sector interface website. The tool is also used within high schools by 4 of our substance use schools workers as part of the framework they deliver within high schools.

The Resilence Network were also commissioned to produce a film which has been showcased at various different team days and development days. The Film is also being put forward for Film Awards in 2024.

The ADP are recruiting a Harm Redcution and Capcity Building Officer whos role will partly be to deliver training to orgniations and comminuties on various subject matters; one being stigma.

The Inverclyde ADP also have local representation at the GG&C Stigma board wide group. Information from this group is fed into local working groups and implemented throughout our workstreams.

The new ADP website also fetures a full section on Stigma and will build on the work being delivered across Inverclyde to tackle it.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

The resilence network received feedback from those with lived and living experience who took part in the production of the film and the creation of the resources.

A reporting process will be put in place for all ADP training delivered by the new Harm Reduction and Capacity Building Post

The Young Person Substance Use Worker posts are reviewed, and progress reports are submitted to the ADP committee. The report captures feedback from the children and young people, teachers, and parent/ carers.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups		X	
People from religious groups		X	
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal		X	X
People who engage in transactional sex			X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			
Veterans		X	X
Women	X	X	X

Question 16

Which of the following education or prevention activities were funded or supported[3] by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information		X	
Harm reduction services		X	
Learning materials	X	X	
Mental wellbeing	X	X	
Peer-led interventions		X	X
Physical health		X	X
Planet Youth			
Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)	Teaching Materials for schools	Teaching Materials for schools	

[3] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services				
General practices	X	X		X
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)				
Justice services				
Mental health services				
Mobile/outreach services				
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services				
Women support services				
Young people’s service				
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an ‘x’.
[multiple choice]

- Drug checking
- Drug testing strips
- Heroin Assisted Treatment
- Safer drug consumption facility
- Safer inhalation pipe provision
- Safe supply of substances
- Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

Unknown at this time.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	X	
Hospitals (including emergency departments)	X	
Housing services		X
Mental health services		X
Police Scotland	X	
Primary care	X	
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service	X	
Specialist substance use treatment services	X	
Third sector substance use services	x	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

Further workforce training required

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

None

X Other (please specify): Localised service provision is currently being reviewed with the view to expand core buisness hours and increase staff to support with NFO pathway locally.

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify): Worked on CORRA funded Early Help in Police Custody Project together along with Turning Point Scotland.

Operational level

X Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

Supported staff training on drug or alcohol related issues

X Other (please specify): ADP cover costs of a Justice Support Worker

Service level

Funded or supported:

Navigators for people in the justice system who use drugs

Services for people transitioning out of custody

X Services in police custody suites

Services in prisons or young offenders institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

X Other (please specify): Fund Justice Support Worker post

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators		X			
Alcohol interventions		X			
Drug and alcohol use and treatment needs screening		X			
Harm reduction inc. naloxone		X			X
Health education & life skills		X			
Medically supervised detoxification					X
Opioid Substitution Therapy					X
Psychosocial and mental health based interventions					
Psychological and mental health screening					
Recovery (e.g. café, community)		X			X
Referrals to drug and alcohol treatment services			X		X
Staff training					
None					
Other (please specify)					

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

X Yes

No

Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

Justice Social Work ADRS

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

x Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Drug treatment and testing order services (DTTO) within Inverclyde are available at Inverclyde Alcohol and Drug Recovery Service (IADRS) and Hector McNeil House. IADRS- 1x week oral swab testing by nursing staff Hector McNeil House (social work)- 1xweek oral fluid tests by social work staff.

[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

X Alcohol related cognitive testing (e.g. for alcohol related brain damage)

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

X Other (please specify): Alcohol elective in patient detox is only available via referral to Glasgow in patient alcohol detox unit/beds. No elective/planned local in patient alcohol detox beds in Inverclyde.

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

- Availability of aftercare
- X Availability of detox services
- Availability of stabilisation services
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- X Insufficient funds
- X Insufficient staff
- Lack of awareness among potential clients
- x Lack of capacity
- x Lack of specialist providers
- Scope to further improve/refine your own pathways
- X Waiting times
- None
- x Other (please specify): lack of service provider who offer continual OST and other medication.

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

This year we are starting a new 4-year CORRA and ADP funded Residential Rehab project. This project should help us overcome all barriers we have faced to date. we are revamping our local pathway and working to promote the pathway on the new ADP website. we have also updated our third sector partners of the new process that is in place to support people when they are ready into rehab. The biggest barrier we foresee this year is budget to being able to cover placements due to demand already.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an ‘x’.
[single option]

- No revisions or updates made in 2023/24
- Yes - Revised or updated in 2023/24 and this has been published
- X Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

As detailed in 27.b. With the new funding project being started in Summer 2024 we have updated the local pathway to reflect changes.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.
[multiple choice]

X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

X Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

X Insufficient staff

X Lack of awareness among potential clients

X Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

Assertive Outreach through our recovery contract.
Considering how we utilise space out with ADRS building to run clinics across Inverclyde.
Monitoring the impact of where ADP resource is being allocated and considering if resource is better placed elsewhere.
Looking at external funding sources to enable us to take future projects forward.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			
Diversionary activities		X	X
Employability support			X
Family support services			X
Information services			
Justice services			
Mental health services (including wellbeing)			
Opioid Substitution Therapy			
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

Question 31

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

Your Voice Recovery Hub Inverclyde's Recovery Café Moving On Inverclyde

[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

[12] Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Scottish Families Affected by Alcohol or Drugs Lived Experience Network Teen Challenge Jericho Mens and Womens House Haven Salvavtion Army Street Connect Inverclyde Faith in Throughcare

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness	X	
People who are LGBTQI+		X
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		X
Veterans		X
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.
[open text – maximum 500 characters]

There is a GGC board wide Adult Mental Health & Addictions Service Shared Guidance & Specification for Interface Working document. Local Standard Operating Procedure (SOP) for multidisiplinary/mulitagency clinical review meetings to discuss, plan care and treatment in partnership. Shared clinical and care governance meetings to review significant adverse events and learning between mental health community and in patient services and alcohol and drug recovery service.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

x Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

Provision of trauma-informed spaces/accommodation

Recruiting staff

x Training existing workforce

Working group

None

Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

X Yes

No

Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

X Yes

No

Don't know

[13] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support			
Diversionary activities		X	X
Employability support		X	X
Family support services			
Information services			
Mental health services			
Outreach/mobile services		X	X
Recovery communities			
School outreach		X	X
Support/discussion groups		X	X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

X Counselling

X One to one support

x Mental health support

X Naloxone training

X Support groups

X Training

None

Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

Yes

X No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

The Whole Families Working Group in Inverlcyde is currently under review with a new working group and action plan coming into effect from Summer 2024.

Last year the ADP invested budget to recruit an alcohol support worker who sits within the Children and Families team, this post holder supports the wider drugs team and links in with the wider partnership. This post whilst in early development has increased capacity to support YP who use alcohol in a way that is causing harm to them.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	
Advocacy		
Mentoring		
Peer support		
Personal development		
Social activities		
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

X No

Don’t know

42b. If yes, please provide details.
[open text – maximum 500 characters]

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Recovery Contract - Your Voice	173950.00
Recovery Contract - Moving On Inverclyde	109997.00
Family Support Service - SFAD	90000.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

X ADP

x IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/21/2024/CG**
Contact Officer:	**Craig Given, Head of Finance, Planning and Resources**	**Contact No:**	**01475 715381**
Subject:	**Inverclyde HSCP Savings Programme Board**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this paper is to highlight to the Integrated Joint Board the plan and terms of reference in taking the Inverclyde HSCP savings programme Board forward to achieve the successful delivery of the 2024/26 budget.

2.0 RECOMMENDATIONS

2.1 That the IJB:

1. Notes the plan and terms of reference for the Savings Programme Board.
2. Notes that an update report will be brought to each IJB when relevant.

Kate Rocks
Chief Officer
Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 On 21 March 2024, the Integration Joint Board (IJB) approved the HSCP's 2024/26 Budget. As part of this the IJB approved £5.397m worth of savings proposals over this period.

3.2 These proposals involved several different workstreams which would be required to be set up and delivered upon. These workstreams will report into an overall Savings Programme Board for final decisions.

3.3 The enclosed terms of reference highlights all the main workstreams, relevant leads, targets and timescales in which each saving will be delivered within.

4.0 REPORT

4.1 The terms of reference highlight 6 main workstreams / subgroups to be set up to address the 2024/26 budget savings. These are:

- Supported Living / Overnight Care (including Eligibility criteria and digital care / tech)
- Integrated Front Doors
- Commissioning
- Business Support Review
- Management Review (Including long term vacancies)
- Pharmacy Review

The Pharmacy review was not a saving agreed as part of the 24/26 budget process but in light of the pressures in this area senior management agreed this is an area that needs to be targeted with an initial group being set up to look at a savings target of £0.5m

Each of these workstreams have financial targets and completion dates as per the appendix. It is expected that each of these workstreams will meet where required and will report into the overall Savings Programme Board six weekly. The overall progress and outcomes of these reviews will be reported to the IJB as part of the overall each cycle finance report.

4.2 A number of these workstreams will also include the requirement for a potential Voluntary Redundancy (VR) exercise to take place. The VR exercise will commence and the HSCP will work in partnership with Inverclyde Council and mirror their approved VR conditions. It is anticipated this exercise will conclude by October 2024 if not earlier as and when required. These will also be brought to the Savings Programme Board and the outcome will be reported to the IJB when required. The VR exercise will be targeted at relevant specific areas of the workstreams and workforce and will not be a general HSCP wide trawl.

Each Savings workgroup will also have a Project Initiation Document (PID) which will also be shared with the IJB as these progress.

In addition to the above workstreams the 2024/26 budget identified other savings which will require stand-alone report to also be reported to the Savings Programme Board. These are as follows:

- Homemakers
- Complex care / ICIL
- Review of Community Alarms
- Redesign of Strategic Services
- Residential / Nursing Care home beds

Again, these will be reported back to the Savings Programme Board and will be reported to the IJB as required. The relevant leads for each of these savings are highlighted in the terms of reference as enclosed.

4.3 **Savings Already Identified**

Business Support Review

At present the business support review has already commenced with the initial review of current process taking place and the implementation of a recruitment freeze on all non-frontline areas. At present there are a total of 7.19 FTE which are vacant and will contribute to the overall savings target. This represents a current achievement of £0.235m recurring savings towards the overall target.

4.4 At each stage where the redesigns or savings have been achieved the detail and impact for our staff, people and communities will be a key feature. We will also provide an updated EQIA that will address the impacts concerning the Equalities Act and Fairer Scotland Duties and report this back to the IJB.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	X	
Legal/Risk		X
Human Resources	X	
Strategic Commissioning Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance	X	
National Wellbeing Outcomes	X	
Environmental & Sustainability	X	
Data Protection	X	

5.2 **Finance**

Various Financial implications as per our 2024/26 approved budget.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 **Legal/Risk**
None

5.4 **Human Resources**
Several potential targeted VR exercises included in each of the workstreams. Potential for re-alignment of posts and roles.

5.5 **Strategic Plan Priorities**
The budget proposals were included within overall Strategic Partnership Plan and the plan took these financial challenges into consideration. The financial challenges should impact on the overall delivery of the Strategic Partnership Plan.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

X	YES – Individual EQIA's will be completed against each Workstream
	NO

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Individual EQIA's will be completed against each Workstream
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Individual EQIA's will be completed against each Workstream
People with protected characteristics feel safe within their communities.	Individual EQIA's will be completed against each Workstream
People with protected characteristics feel included in the planning and developing of services.	Individual EQIA's will be completed against each Workstream

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Individual EQIA's will be completed against each Workstream
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Individual EQIA's will be completed against each Workstream
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Individual EQIA's will be completed against each Workstream

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

X	YES – Through realising the savings proposals we are ensuring that the longer-term sustainability of the HSCP and ensuring that we are delivering robust health and social care services to people. We would ask any staff potentially taking VR to also take the appropriate independent financial advice when making their decisions.
	NO

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

X	YES – Assessed as relevant and a CRWIA is required on an individual basis.
	NO

5.7 **Clinical or Care Governance**

We will ensure following management redesign that high standards of clinical and care governance are maintained.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Considered in each relevant workstream
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Considered in each relevant workstream
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Considered in each relevant workstream
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Considered in each relevant workstream
Health and social care services contribute to reducing health inequalities.	Considered in each relevant workstream
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Considered in each relevant workstream
People using health and social care services are safe from harm.	Considered in each relevant workstream
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Considered in each relevant workstream
Resources are used effectively in the provision of health and social care services.	Considered in each relevant workstream

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

X	YES – We will consider new and improved digital approaches across our workstreams.
	NO

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

X	YES – Likely impacts on areas where care packages are reviewed. Individual assessments will be done on a workstream basis.
	NO

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 IJB 24/26 Budget

Appendix 1

Terms of Reference	
Name of group	**Savings Programme Board**
Background **Purpose**	Inverclyde IJB approved a 2-year Budget in March 2024. As part of this £5.2m of savings proposals were agreed. This includes a combination of budget adjustments, service reductions and service redesigns. This will involve engagement with our teams, staff and providers to achieve these savings. The purpose of the Savings Programme Board will be to implement the various workstream required to deliver the 24/26 budget. The Board will consist of a number of sub groups which will leads on a number of the specific savings proposals.
Senior Responsible Officer	**Kate Rocks**, Chief Officer (Chair) Robin Taggart, Trade Union (Co-Chair)
Membership	• **Craig Given**, Head of Finance, Planning and Resources / Chief Finance Officer • **Jonathan Hinds,** Head of Children, Families and Justice / Chief Social Work Officer • **Laura Moore,** Chief Nurse • **Staff side Representatives, Robin Taggart & Diana McCrone** • **HR Representatives – Brian Greene (Health) & Barbara McQuarrie (Council)**
Role of Members	• To make recommendations on the outputs of all the various working groups related to the savings. • To make decisions of the various Voluntary Redundancy trawls required as part of the various workstreams. • To have oversight of the various workstreams. • Liaise directly with Trade Union representatives on the working groups where required. • To probe and quality assure Group discussions relating to all areas of the savings workstreams • To ensure all relevant information from the various workstreams is communicated to the overall group and is kept confidential.

Subgroups to be set up	1. <u>Supported Living / Overnight Care (including Eligibility criteria and digital care / Tech)</u> Group Leads: Alan Best (Interim Head of Service) / Katrina Phillips (Interim Head of Service) Other Members: • Joyce Allan – Interim Head of Service • Laura Porter – Service Manager • Debbie Maloney – Service Manager • Arlene Mailey – Commissioning Manager • Samantha White – Principal Accountant • Robin Taggart - Trade Union Representative • Your Voice – Karen Haldane • Carer Rep – Frazer Bedwell 2. <u>Integrated Front Doors</u> Group Leads: Alan Best (Interim Head of Service) / Craig Given (Head of Finance, Planning & Resources) Other Members: • Debbie Maloney / Robyn Garcha – Service Manager • Laura Porter – Service Manager • Amanda Ward – Service Manager C&F • Joyce Allan – Interim Head of Service • Alan Crawford – Service Manager Mental Health • Samantha White - Finance Representative • George Coffey & Diana McCrone – Trade Union Representative • Lauren Devine – Advice services Team Lead • Alan Baxter (Performance Team) • Steven Spencer / Lorna Bryceland – HR Representatives

	3. <u>Commissioning</u> Group Leads: Arlene Mailey (Commissioning Manager) / Craig Given (Head of Finance, Planning and Resources) Other Members: • Scott Bryan – Planning and Performance Manager • Katrina Phillips – Interim Head of Service • Ross Campbell – Commissioning Team Lead • Joyce Allan – Interim Head of Service • Alan Crawford – Service Manager • Adam Smith – Team Lead • Laura Porter – Service Manager • Heather Simpson – Team Lead • Finance Rep – Sam White • Alan Stevenson – Service Manager • Procurement Lead 4. <u>Business Support Review</u> Group Leads: Angela Rainey (Support Services Manager) / Craig Given (Head of Finance, Planning and Resources) Other Members: • Alison Sheilds – Business Support Team Lead • Natalie McPherson - Business Support Co-ordinator • Kimberley Grier / James Hendry – C&F Team Lead • Debbie Maloney – Service Manager • Finance Representatives – Sam White / Helen McGurk • Gemma Eardley / Ann Cameron Burns – Trade Union Representatives 5. <u>Management Review (including Long Term Vacancies)</u>

	Group Leads: Jonathan Hinds (Head of Children, Families and Justice / Chief Social Work Officer) / Laura Moore (Chief Nurse) Other Members: • Katrina Phillips – Interim Head of Service • Alan Best – Interim Head of Service • Craig Given – Head of Finance, Planning and Resources • Finance Representatives – Sam White / Helen McGurk • George Steele / Diana McCrone – Trade Union Representatives • Barbara McQuarrie – HR Manager 6. <u>Pharmacy Review</u> Group Leads: Hector MacDonald / Margaret Maskrey Other Members: • Pauline Atkinson – Primary Care • Helen McGurk – Finance Representative • Linda Peattie • Alan Best – Interim Head of Service 7. <u>Other Standalone Reports to be progressed.</u> • Homemakers – Katrina Phillips / Alan Best, Gemma Eardley (Trade Union Contact) • Complex Care / ICIL – Debbie Maloney / Alan Best, Diane McCrone / Gemma Eardley (Trade Union contact) • Review of Community Alarms – Joyce Allan / Janis Delaney • Redesign of Strategic Services – Scott Bryan, Ann Cameron Burns (Trude Union contact) • Residential / Nursing care home beds – Joyce Allan / Kate Rocks
Timescales and Targets	The overall Savings Programme Board will meet every 6 weeks until the savings are delivered.

	The individual Sub Groups will meet on a more regular basis but will be required to report into the overall Savings Programme Board every 6 weeks. **Timescales and Targets per Group** 1. Supported Living / Overnight Care (including Eligibility criteria and digital care / tech) 2 Year target: £1.1m. £0.6m to be identified by December 2024. 2. Integrated Front Doors (including Advice Services) 2 Year target: £0.38m. Voluntary Redundancy (VR) exercise to be identified by July 2024. Saving to be identified by December 2024. 3. Commissioning 2 Year target: £0.5m. £0.250m to be identified by December 2024. 4. Business Support Review 2 Year target: £0.3m. Saving to be identified by December 2024. 5. Management Review (including Long Term Vacancies) 2 Year target: £0.65m. Saving to be identified by December 2024. 6. Pharmacy Review £0.5m to be identified by October 2024. 7. Other Reviews Homemakers: £0.167m by December 2024. Complex Care / ICL: £0.5m 2 year saving. £0.2m by December 2024. Community Alarms: £0.072m by December 2024.

	Strategic Services: £0.231m by December 2024. VR exercise by October 2024. Residential / Nursing Care Home Beds £0.198m over 2 years. April 2025.

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership**	**Report No:**	**IJB/24/2024/JH**
Contact Officer:	**Jonathan Hinds Chief Social Work Officer**	**Contact No:**	**01475 715282**
Subject:	**Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise Integration Joint Board members of the publication the report by the Care Inspectorate and Healthcare Improvement Scotland on the joint inspection of adult services: integration and outcomes – focus on people living with mental illness.

1.3 The inspection was undertaken using the Joint Inspection of Adult Services Integration and Outcomes Quality Improvement Framework and structured around the following inspection question: 'how effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?'

1.4 The inspection report was published on 7 May 2024 and included evaluation against five key areas based on a series of key findings.

1.5 A number of improvement actions were already underway within adult services, however an improvement action plan based on the report findings will be developed and submitted to the Care Inspectorate which will guide further improvement activity.

2.0 RECOMMENDATIONS

2.1 It is recommended that members of the Integration Joint Board:

(i) note the publication of the inspection report and timescales for subsequent activity;

(ii) note the planned development session for IJB members to more fully explore the inspection report and improvement action plan.

Kate Rocks
Chief Officer, Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 At the meeting of the IJB on 14 November 2023, members were advised that, under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act, the Care Inspectorate and Healthcare Improvement Scotland intended to undertake an inspection of health and social care services for adults in the Inverclyde Health and Social Care Partnership. Inspection activity commenced on Monday 23 October 2023.

3.2 The inspection considered the following question: '"How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?" and did so by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers.

3.3 The inspection team primarily looked at people's experiences and outcomes over the preceding two-year period which encompassed part of the period of the coronavirus pandemic.

3.4 The fourth and final partnership meeting took place in April 2024 with the joint inspection team, who presented their findings using the quality improvement framework and key areas used in the inspection methodology. Discussion at this meeting considered how the final version of the inspection report could be enhanced, including a revised title to more accurately reflect the scope of inspection, being focussed on services for people living with mental illness. This was accepted by the Care Inspectorate.

3.5 The report was published on the Care Inspectorate website and can be found at Joint Inspection of adult services in Inverclyde (2).pdf (careinspectorate.com). A copy is also included at Appendix 1.

3.6 Inspectors highlighted the following key strengths:

- Most people living with mental illness in Inverclyde had positive experiences of health and social care services that contributed to good outcomes for their health, wellbeing and quality of life.

- The partnership's vision focused on inclusion and compassion. It was committed to investing in community-based early intervention and prevention initiatives to support whole population mental health and wellbeing.

- Leaders promoted a collaborative culture, which was broadly understood by staff and communities. Longstanding integrated and co-located services provided a good basis for the provision of seamless services.

- The partnership had robust contract commissioning processes and there were good relationships with providers.

3.7 The report also praised HSCP staff for 'delivering positive health and wellbeing outcomes for people experiencing mental illness' and highlighted that the partnership was above the national average for positive responses to the national integration indicators relating to living independently, improved quality of life and feeling safe.

3.8 Inspectors provided feedback on areas for improvement within the service, including ensuring better outcomes for unpaid carers of people experiencing mental illness. Other areas for improvement identified were: looking at better integration and co-location of services to maximise

opportunities for seamless support for service users; strengthening of oversight and governance procedures; and enhancing how progress is monitored.

3.9 In more detail, the report outlined the following key findings:

- Most people felt they were listened to by staff in health and social care services and that their views were valued. Some people had been supported by the same staff for many years.

- People were supported to attend reviews where they could share their views about the support they needed and received, however there was limited evidence of consistent WRAP (Wellness Recovery Actions Plans) and Advanced statements.

- Overall, most people, including those subject to statutory orders, felt that their views were listened to and valued and that they were helped to shape their care and treatment in the way they wanted. A few felt that their care was too restrictive and would prefer to have more independence.

- People were not always able to make the choices they wanted to because there was a limited range of options available to them and despite the availability of advocacy, very few people living with mental illness, or their unpaid carers, were aware of their rights to make choices about care services through self-directed support.

- People generally felt that health and social care services helped them to live as independently as they could, and to become and remain connected to their families, friends and communities. They attended community cafes and groups and went on days out and shopping trips. They experienced less reliance on family and greater confidence in making decisions and living independently. This had a corresponding positive impact on the quality of life of unpaid carers.

3.10 The following evaluations were applied to the key areas inspected, using a six-point scale applied by the Care Inspectorate (the six points ranging from unsatisfactory to excellent):

Key area	Quality Indicator	Evaluation
1: Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	Good
2: Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	Good
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5: Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Adequate
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6: Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	Good

9: Leadership and direction	9.3 Leadership of people across the partnership	Adequate
	9.4 Leadership of change and improvement	

3.11 Inspectors concluded their report by stating that 'given the partnership's key strengths and its early response to the findings of the inspection, we have a good level of confidence that it will be able to make the improvements required. This will contribute to more consistent and sustainable positive health and wellbeing outcomes for adults living with mental illness and their unpaid carers.'

4.0 PROPOSALS

4.1 Following publication, a post-inspection feedback questionnaire was returned to the Care Inspectorate which gave the partnership the opportunity to comment on the experience of inspection (in addition to quality, consistency and factual accuracy comments provided prior to publication).

4.2 Meanwhile, managers developed an improvement plan based on the findings within the inspection report and this was submitted to the Care Inspectorate on 18 June 2024. This will be reported to the HSCP Clinical and Care Governance Forum and the HSCP Audit Committee for monitoring.

4.3 Furthermore, a development session for IJB members is being planned, to provide the opportunity for a fuller examination of the inspection findings, as well as the partnership improvement plan and context of the service overall.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance	X	
National Wellbeing Outcomes	X	
Environmental & Sustainability		X
Data Protection		X

5.2 **Finance**

None.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 **Legal/Risk**

None.

5.4 **Human Resources**

None.

5.5 **Strategic Plan Priorities**

The improvement action plan will support the progression of the HSCP's strategic objectives.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	-
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	-
People with protected characteristics feel safe within their communities.	-
People with protected characteristics feel included in the planning and developing of services.	-
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	-
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	-
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	-

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

The improvement action plan will be reported to the HSCP Clinical and Care Governance Forum to provide oversight of progress for integrated health and care services.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improvement activity will support the strategic commitment for individuals and communities to improve their health and wellbeing.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Improvement activity will support strategic priorities for people to live independently.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improvement activity will support delivery of person-centred, effective, evidence-based services.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improvement activity will support delivery of person-centred, effective, evidence-based services.
Health and social care services contribute to reducing health inequalities.	Improvement activity will support work to reduce and mitigate health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including	Improvement activity will support a strategic focus on supporting carers in the role they undertake.

reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	Improvement activity will support public protection activity which keeps people safe from harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Improvement activity supports staff to improve services for local people.
Resources are used effectively in the provision of health and social care services.	Effective use of resources and improved processes to deliver services effectively.

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 Members of the Integration Joint Board and senior leaders were briefed in advance of the report's publication on 7 May 2024. A communications strategy was also developed.

8.0 BACKGROUND PAPERS

8.1 None

Appendix 1

Joint inspection of adult services

Integration and outcomes – focus on people living with mental illness.

Inverclyde Health and Social Care Partnership

May 2024

Contents

PART 1 – About our inspection

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative Context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial Strategic Group Report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group (MSG) for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the MSG proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- Strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.

- Joint strategic inspections examine the performance of the whole partnership – the health board, local authority and integration joint board (IJB), and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection Focus

In response to the MSG recommendations, the Care Inspectorate and Healthcare Improvement Scotland have set out our planned approach to joint inspections. Our inspections seek to address the following question:

> "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"

In order to address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people's experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

The inspection in the Inverclyde Health and Social Care Partnership was the fourth in the series of inspections, and the first to consider the inspection question through the lens of people living with mental illness. We are using the definition of mental illness from the National Mental Health and Wellbeing Strategy, 2023:

"Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong".

National issues and context

The Scottish Government's priorities for improvement in mental health services are set out in the Mental Health Strategy 2017-27 and the Mental Health and Wellbeing Strategy 2023.

Health and social care partnerships across the country, including Inverclyde, are currently facing a number of challenges. These challenges affect the planning and provision of the range of health and care services, including mental health services.

Many areas are still in recovery from the Covid-19 pandemic. Impacts may include a reduction in the number and type of services available and a backlog of health concerns that were not dealt with during the pandemic. The long-term impact of long covid is not yet fully understood but requires a response from services.

Several reports[1,2,3,4] and our own recent inspections have further highlighted that across the country:

- Demand for health and social care is increasing.
- The health and social care sector faces ongoing challenges with recruitment and retention. This puts the capacity, sustainability and quality of care services at considerable risk.

Developing systems which support staff to work in a more integrated way is another area of national challenge. This includes sharing information across and between agencies. The issue has been highlighted and addressed in Scotland's digital health and care strategy[5] which was refreshed by the Scottish Government and COSLA in October 2021.

Explanation of terms used in this report.

When we refer to **people**, we mean adults between 18 and 64 years old who are living with mental illness.

When we refer to **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we refer to **the health and social care partnership,** or **the partnership**, or **the Inverclyde partnership**, we mean Inverclyde Health and Social Care Partnership who are responsible for planning and delivering health and social care services to adults who live in Inverclyde.

When we refer to **staff** or **workers**, we mean the people who are employed in health and social care services in Inverclyde, who may work for the council, the NHS board, or for third sector or independent sector organisations.

[1] Audit Scotland, Social Care Briefing, January 2022 (https://www.audit-scotland.gov.uk/publications/social-care-briefing)
[2] Audit Scotland, NHS in Scotland 2021, February 2022 (https://www.audit-scotland.gov.uk/publications/nhs-in-scotland-2021)
[3] Social Care Benchmarking Report 2022. July 2023. University of Strathclyde, CCPS, HR Voluntary Sector Forum (https://www.ccpscotland.org/ccps-news/media-release-report-reveals-reality-of-staffing-crisis-in-social-care-with-more-than-half-of-those-moving-jobs-last-year-leaving-the-sector-2/)
[4] Health, Social Care and Sport Committee's scrutiny of the NHS at 75 – what are some of the key issues in 2023? June 2023, The Scottish Parliament (https://spice-spotlight.scot/2023/06/29/health-social-care-and-sport-committees-scrutiny-of-the-nhs-at-75-what-are-some-of-the-key-issues-in-2023/)
[5] https://www.gov.scot/publications/scotlands-digital-health-care-strategy/

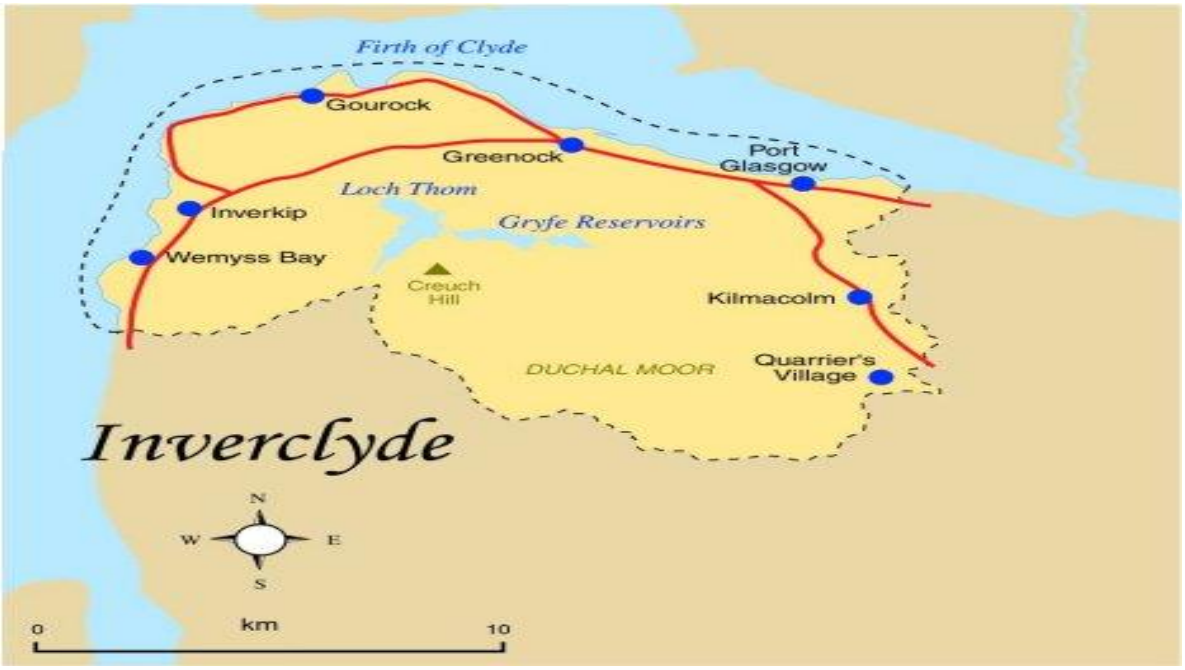
When we refer to **leaders,** or **the leadership team,** we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at Appendix 2.

PART 2 – A summary of our inspection

The Partnership Area

Inverclyde is situated on the south bank of the Clyde estuary. Its main towns are in the north part of Inverclyde and along the coast: Greenock, Gourock, Port Glasgow, Inverkip and Wemyss Bay:



In 2023, the health and social care partnership changed its locality planning structure from six to two localities, West Inverclyde and East Inverclyde.

Unlike most council areas, Inverclyde's population has been getting smaller over the past 20 years. It had an estimated population of 76,700 at 30 June 2021, the fifth smallest in Scotland.

Life expectancy for people within Inverclyde is 74.3 years for men and 78.6 years for women. This is below the Scottish average (men 76.8, women 81). Healthy life expectancy is also lower in Inverclyde at 58.4 years for men and 59.7 years for women (compared with the Scottish average of 61.9 years for women and 61.7 for men). Much of the population of Inverclyde are white Scottish (93.8%, at 2011 census).

Approximately 43% of the population of Inverclyde (33,948 people) live in the top 20% most deprived data zones in Scotland. The rest of the population are relatively evenly spread across the other deciles. Deprivation is a major contributor to inequalities in health and has a significant impact on many of the issues that Inverclyde addresses in its strategic plan.

GP registers in Inverclyde show consistently high rates of diagnosed mental illness, at 1.26 per 100 people, compared with the national average of 0.94. The number of people admitted to hospital for psychiatric reasons is counted over a three-year period. This figure is also significantly higher in Inverclyde than in the rest of Scotland, at 409.4 per 100,000 people, compared with 242.8. More people in Inverclyde are also prescribed drugs to treat anxiety, depression and/or psychosis: 24.09% of the population compared with the national average of 19.29%.

Inverclyde has a longstanding history of integration with one of the earliest partnership arrangements in Scotland. A Community Health and Care Partnership was formed in 2012 with teams co-located and merged to support positive outcomes for citizens. Inverclyde Health and Social Care Partnership (HSCP) was formed in 2014, in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Inverclyde was severely impacted by the Covid-19 pandemic, with one of the highest death rates in Scotland. Leaders in the health and social care partnership identified that the area was still very much in recovery. They were working on a new strategic commissioning plan that would take account of this and support them with ongoing recovery and improvement. The partnership had recognised the significant impact of the pandemic on unpaid carers and had identified this as a priority area for development.

Summary of our Inspection Findings

The inspection of Inverclyde Health and Social Care Partnership took place between October 2023 and March 2024.

In our discussions with people and carers, we received 32 completed surveys, spoke to 41 people and 12 carers and undertook two focus groups.

In our discussions with staff in the health and social care partnership, we received 149 completed staff surveys, spoke to 95 members of staff and undertook four professional discussion sessions with the leadership team.

We reviewed evidence provided by the partnership to understand their vision, aims, strategic planning and improvement activities.

Key Strengths

- Most people living with mental illness in Inverclyde had positive experiences of health and social care services that contributed to good outcomes for their health, wellbeing and quality of life.

- The partnership's vision focused on inclusion and compassion. It was committed to investing in community-based early intervention and prevention initiatives to support whole population mental health and wellbeing.

- Leaders promoted a collaborative culture, which was broadly understood by staff and communities. Longstanding integrated and co-located services provided a good basis for the provision of seamless services.

- The partnership had robust contract commissioning processes and there were good relationships with providers.

Priority areas for improvement

1. The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information to support plans for improving outcomes.

2. The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.

3. The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.

4. The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.

5. The partnership should strengthen its oversight and governance of social work practice, with particular reference to the statutory functions of mental health officers.

6. The partnership should agree and implement its approach to identifying and addressing priorities for improving mental health services. This should include agreement on how it will monitor the progress and impact of improvement activities.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key Quality Indicators Inspected		
Key Area	**Quality Indicator**	**Evaluation**
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	**Good**
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	**Good**
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	**Adequate**
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6 - Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	**Good**
9 - Leadership and direction	9.3 Leadership of people across the partnership	**Adequate**
	9.4 Leadership of change and improvement	

PART 3 – What we found during our inspection

Key Area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people living with mental illness and their unpaid carers in Inverclyde?

Key Messages

- The partnership was delivering positive health and wellbeing outcomes for people experiencing mental illness.
- The partnership was above the national average for positive responses to the national integration indicators relating to living independently, improved quality of life and feeling safe.
- Outcomes for unpaid carers of people experiencing mental illness were less positive than those for the people themselves.

People and carers supported by integrated health and social care have good health and wellbeing outcomes.

Public Health Scotland publishes annual integration performance indicators for every health and social care partnership in Scotland. The indicators describe what people can expect from integrated health and social care. They measure progress for the whole population of the area around the national health and wellbeing outcomes set out in legislation. The Inverclyde partnership was performing above the Scottish average in just under half of the integration indicators.

The Inverclyde partnership did not have a system for recording or collating information about outcomes for people living with mental illness, or for their unpaid carers. This meant that the partnership did not conclusively know how health and social care services contributed to people's wellbeing and outcome data could not be used to inform improvements in mental health services.

There were some opportunities to gather information about outcomes, but these had not been fully implemented. For example: primary care mental health services used the Core Net 10 outcomes measurement tool but did not analyse or use the data it provided to inform service improvement. Some reviews used an outcomes-based review template which included the option to complete outcomes web, but the staff did not use the web. The community mental health team (CMHT) had tested the use of Outcomes Star methodology to measure outcomes but found it too complicated for regular use in a busy service.

From conversations with people and carers engaged with mental health services, and from reviewing their records, we found that:

National health and wellbeing outcome	Inspection Finding
1	Most people were supported to look after their health and wellbeing as much as possible.
2	Almost all people were supported to live as independently as possible.
3	Most people living with mental illness felt they were treated with dignity and respect.
4	Most people had a better quality of life because of the health and social care services they received.
6	Outcomes relating to unpaid carers feeling supported to continue in their caring role and to look after their own health were less consistent than outcomes for people.
7	Most people living with mental illness were kept safe from harm.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Most people living with mental illness experienced positive outcomes due to receiving the treatment and support they needed from health and care services. Good outcomes experienced by people often resulted from single agency input rather than from integrated working. People did not always receive the right level of help at the right time or in the right place. Wider community and third sector services had a positive impact on people by supporting them to look after their own health and wellbeing.

Inverclyde's integration indicator for people being able to look after their health very well or quite well was slightly below the Scottish average.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Almost all people living with mental illness were supported to live independently. A range of services provided effective support that helped them to become and remain connected with their community, family and friends. A few people described feeling lonely and isolated.

There was limited opportunity for people to choose the services which best fit their needs and wishes in the community. Both statutory and third sector services were experiencing challenges with recruitment and retention which impacted on capacity to deliver services. This, coupled with increasing demand for mental health services, also led to some delays in people accessing the services they needed.

Inverclyde's integration indicator for people feeling they were supported to live as independently as possible was above the Scottish average.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Most people felt that health and social care staff respected their rights, treated them with dignity and kindness and valued their opinions. People were particularly positive about care and support received from the third sector.

Inverclyde's integration indicator for people rating their care and support as excellent or good was above the Scottish average.

Some people found it very difficult to make contact with their GP practice and felt unhappy that they could not always see a GP when they wanted to. This led to reports of negative experiences with GP practices.

Inverclyde's integration indicator for people with positive experiences of the care provided by their GP practice was below the Scottish average.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Integrated health and social care services supported an improved quality of life for people living with mental illness. People experienced improved physical and mental health, improved relationships, more engagement with their communities, and better housing outcomes. There were examples of collaborative working with third sector services that had successfully improved outcomes. A few people found it difficult to access mental health services when they experienced co-existing substance misuse or homelessness. This was contributing to a poorer quality of life for some people.

Inverclyde's integration indicator for people agreeing that services had an impact on maintaining or improving their quality of life was above the Scottish average.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Unpaid carers of people living with mental illness were not routinely supported to look after their own wellbeing or to manage their caring role. A few carers had their own health concerns and were particularly vulnerable to carer stress. Some carers could have experienced improved outcomes through an early referral to the carers' centre or the offer of an adult carer support plan or young carer's statement.

Inverclyde's integration indicator for carers feeling supported to continue in their caring role was below the Scottish average.

Outcome 7: People who use health and social care services are safe from harm.

Most people experiencing mental illness felt safer in their homes and in the community due to the health and care support they accessed. People took fewer risks with their safety and had improved their independent living skills.

Inverclyde's integration indicator for people supported at home feeling safe was above the Scottish average.

Evaluation

Good

Key Area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people living with mental illness in Inverclyde?

Key Messages

- Most people had positive experiences of health and social care services which enhanced their quality of life.
- Most people experienced good relationships with staff who knew them well.
- Most people felt that they were listened to and involved in planning and reviewing their treatment and care.
- Some people felt they would have benefitted from earlier treatment and support.
- Some people felt their choices were limited and wanted more information about their options for treatment and care.

People and carers have good experiences of integrated and person-centred health and social care.

Most people living with mental illness in Inverclyde experienced an improved quality of life through health and social care services that helped them to improve and maintain their health and wellbeing. This included improvements in physical and mental health, housing circumstances, relationships, social life and work skills and reduced alcohol and drug use.

In general, people supported by the community mental health team (CMHT) felt they had good access to the advice, support, treatment and care they needed, both from the CMHT and third sector providers. People described the CMHT as responsive, providing assistance when they needed it, even when their own workers were not available.

> "They picked me up and carried me through it. I'm so grateful to them".

Most people felt they were listened to by staff in health and social care services and that their views were valued. Some people had been supported by the same staff for many years. They appreciated warm and positive relationships with workers who knew them well. However, not all people felt they were treated with dignity and respect. Some people's poorer experiences were linked to restrictions imposed by statutory orders. A few people felt they were treated impatiently or unkindly or were ignored by the staff teams making decisions about their care and treatment.

Almost all people experienced positive changes in their lives due to the health and care services they received. This was often through the support of single agencies and staff teams. Many people living with mental illness needed support with other areas of their lives and were supported by more than one service. These could include the CMHT, the alcohol and drug recovery service, assessment and care management teams, the rapid rehousing and support team, children and families

social work, justice social work and third sector care and support providers. Where this was the case, people had mixed experiences of 'joined-up' working. Some clearly had very good outcomes from different teams and professionals working together to help them achieve what they wanted in terms of housing, treatment, care and lifestyle. Yet this was not always the case. Some people were supported by different services working to different plans and holding separate reviews. Whilst single agency information might be shared across services, people experienced separate relationships with different teams and workers. Most people with learning disabilities and mental ill-health and their unpaid carers felt that care and treatment was well coordinated through the community learning disability team.

Unpaid carers' experiences of health and social care services were mixed. About half of people providing unpaid care to people who were living with mental illness thought that their role was recognised. They felt involved in decisions about the person's care and treatment. Some said that support from the carers' centre was helpful, and a few had accessed short breaks which helped them to continue in their caring role. Others found it hard to get information and felt their opinions and needs were not considered, even at key points such as discharge from hospital. Some unpaid carers did not know that they were entitled to support and information under the provisions of the Carers (Scotland) Act 2016.

Some carers lived with the person they cared for and provided practical support, while others lived in their own homes but had regular contact with the person, keeping an eye on their wellbeing. Caring for people who had a mental illness was particularly emotionally demanding for unpaid carers, and they experienced high levels of worry and stress. Several carers felt a significant reduction in stress when they knew that the person they cared for was safe and receiving appropriate treatment and care*:*

> 'She is now a transformed person, living her best ever life. My life is transformed...from constant panic calls, to being able to rest easy.'

People's and carers' experience of prevention and early intervention

Inverclyde had a wide range of low threshold and community-based initiatives to support positive mental health and wellbeing in its general population. However, people did not always get the help they needed at the right time, at the right level or in the right place.

Some people who needed help with their mental health for the first time, or for the first time in a while, felt that help was not available until they reached crisis point. They felt that help at an earlier stage would have prevented them from reaching that crisis. Some said they were passed between the community and primary care mental health teams. Some people who were feeling suicidal or had made a suicide attempt and were not currently supported by the CMHT, described having to travel alone to mental health assessment units in Glasgow City and being sent home without support.

Many people had difficulty with access to primary care, with long waits on the telephone and uncertainty over the right time to call. Some people were unclear about the new arrangements in primary care and did not understand why their appointments were with advanced nurse practitioners rather than GPs. Some people, newly referred to the CMHT, experienced delays in referrals being actioned. There were also some delays with care packages being put in place.

In contrast, most of the people who were already receiving services from the CMHT had good experiences of timely support and treatment. They found that services provided through the CMHT were responsive when their needs changed. People were supported with coping and self-care skills, managing their own medication, living healthy lifestyles and reducing risk-taking behaviours. They were offered annual physical health checks at the CMHT physical health clinic. All of this helped people to improve their own health and wellbeing and to maintain it for as long as possible.

People generally felt that health and social care services helped them to live as independently as they could, and to become and remain connected to their families, friends and communities. They attended community cafes and groups and went on days out and shopping trips. They experienced less reliance on family and greater confidence in making decisions and living independently. This had a corresponding positive impact on the quality of life of unpaid carers.

Some people were not confident about what their future held. People were not routinely supported to consider their future care needs and how they wanted these to be met. Neither were they encouraged to plan for potential future challenges such as unpaid carers no longer being able to provide care or their own mental or physical health getting worse. The chance to discuss and plan for circumstances such as these might have alleviated some of their concerns. Some carers felt that their lives would have been easier had they been referred to the carers' centre at an earlier stage.

People's and Carers' experience of information and decision-making in health and social care services.

People living with mental illness in Inverclyde were generally supported to express their views and make meaningful decisions about their care and treatment. However, they had different opinions about access to good quality, accessible information. Most relied on the workers who supported them to provide the information they needed. In these circumstances, information was tailored to their needs and people felt it helped them to make good decisions. People had good access to interpreting and translating services. More generally, some people and unpaid carers had found it difficult to access information about health and social care services and about their rights. Some unpaid carers needed better information about guardianship and power of attorney roles. Some people did not understand information provided in standard written formats.

Most people were supported to attend reviews where they could share their views about the support they needed and received. Some did not experience reviews taking place regularly. Reviews were not always accessible or comfortable for the people who were the subject of them, and some people highlighted that they preferred staff to attend on their behalf. They expressed confidence that their workers knew and would express their point of view at the review.

Overall, most people, including those subject to statutory orders, felt that their views were listened to and valued and that they were helped to shape their care and treatment in the way they wanted. A few felt that their care was too restrictive and would prefer to have more independence.

People were not always able to make the choices they wanted to because there was a limited range of options available to them. There were few choices of care and support provider, and with limited availability, people sometimes experienced delays and felt resigned to taking the service that had space. The choice of residential services was particularly limited. This meant that some people who needed a residential placement had to wait a long time. A few had to move away from Inverclyde to access a service, for example, specialised provision for people with alcohol related brain damage.

Some people were supported by advocacy services to understand and exercise their rights. Despite the availability of advocacy, very few people living with mental illness, or their unpaid carers were aware of their rights to make choices about care services through self-directed support. Few knew that they could have the opportunity to influence future care and treatment through the use of advance statements or future care plans.

Whilst people were regularly asked to provide feedback to third sector providers people and unpaid carers did not generally feel they had an opportunity to provide feedback on the overall effectiveness of the services that supported them. Neither people nor unpaid carers were aware of any opportunities to provide structured feedback to the partnership. Some people did not know how to complain about the services they received, although a few people had been supported to make complaints.

Evaluation

Good

Key Area 5 - Delivery of key processes

How far is the delivery of integrated processes in the Inverclyde partnership effective in supporting positive outcomes for people living with mental illness?

Key Messages

- There was a range of community-based, early intervention and prevention initiatives to support people's mental wellbeing.
- The community mental health team was fully integrated. However, there were some challenges in information sharing and joint working across service/location boundaries.
- Procedures, policies and systems were not consistently understood and applied.
- Self-directed support was not routinely implemented in mental health services.
- Unpaid carers were not routinely identified and supported.

Processes to support early intervention and prevention.

The Inverclyde partnership was committed to a whole-system approach to positive mental health and wellbeing for everyone in Inverclyde. It supported a wide range of community and third sector mental wellbeing initiatives and was developing a trauma-informed workforce.

The Primary Care Mental Health Team supported people with lower-level mental health needs. People could self-refer to the team. The team had strong links with community link workers and with a range of voluntary and community initiatives that could support good mental health. The partnership had invested in the delivery of distress brief interventions and seen a 139% increase in referrals during 2022/3.

The community mental health team (CMHT) provided treatment and care for people living with serious and complex mental illness. A number of third sector providers offered one-to-one support to people supported by the CMHT, helping them to live independently in the community. This included befriending, independent living skills, assistance with education and employment activities, shopping and leisure pursuits. Many people living with mental illness benefitted from such activities to maintain and improve their wellbeing. Some people had less positive outcomes when this support was not in place.

At the time of the inspection, Inverclyde CMHT was experiencing significant capacity challenges due to staff vacancies and demand pressure. There was provision for urgent referrals to be seen within 72 hours and referrals were screened daily. For routine referrals, people often waited for up to eight weeks for a full assessment (against a target of four weeks), and even longer for allocation of a keyworker. This meant that opportunities for treatment and support at the earliest stage were lost. There were also some delays in accessing support services, particularly residential placements.

Some people were supported to improve their own wellbeing with self-management techniques, such as sleep routine, mood management, medication management, falls avoidance, weight management, tenancy support. Where such interventions were in place, they were generally effective in improving outcomes.

The CMHT hosted a physical health clinic to carry out annual health checks for people using its service. At the time of the inspection, the clinic was not fully staffed and there was a backlog of referrals. In addition, around half of people failed to attend their appointments. The service recognised that the physical health clinic was not maximising its potential to support people's physical health and was considering ways to address this.

The partnership did not have a process in place to ensure that staying well plans, future care plans or advance statements were completed with people who would benefit from them. This meant that opportunities to identify and address deteriorating health at an early stage were missed. The partnership did not know how many of the people supported by mental health services had plans in place, or what the impact of the plans was in maintaining positive health and wellbeing.

Processes are in place for integrated assessment, planning and delivering health and care.

There was a coherent and integrated structure for the delivery of mental health services in Inverclyde and the wider NHS Greater Glasgow and Clyde area. This included local social and community supports and specialist mental health resources hosted by Glasgow City Health and Social Care Partnership. The location of some services outwith Inverclyde created barriers to accessing treatment for some people. This particularly applied when people in mental health crisis had to travel to mental health assessment units in other parts of the NHS Greater Glasgow and Clyde area.

Glasgow City Health and Social Care Partnership hosted mental health services for NHS Greater Glasgow and Clyde. It had led on the development of integrated policy and operational documents to support consistency in mental health services across the health board area, including Inverclyde. This work was undertaken through a collaborative approach between the board and its six associated health and social care partnerships, under the umbrella of the 'Moving Forward Together' programme. The shared documents included: adult mental health and addictions services guidance, protocol for learning disability and mental health interface working, CMHT interface guidance, physical healthcare policy, care programme approach guidance, CMHT operational framework and policy. Each partnership was expected to 'localise' the documents to take their own circumstances into account.

In Inverclyde, most documents were not in routine use and had not been adapted to reflect the Inverclyde context. The Inverclyde CMHT operational framework had not been updated since 2013. This meant that people living with mental illness in Inverclyde may not have experienced integrated services in the way that was intended or expected in the broader Greater Glasgow and Clyde area.

The Inverclyde CMHT was fully integrated and locality assessment and care management teams were co-located. These working arrangements had the potential to underpin excellent collaborative working. However, the partnership had not evaluated whether it was achieving maximum benefit from its working arrangements and there were some challenges to joint working.

Some people and their families were supported by other teams as well as the CMHT, for example: assessment and care management teams, children and families or justice social work, or the rapid rehousing and support team. Where this was the case, the partnership did not have an expectation that one service would lead on the person's care, support and treatment. Different teams and providers used different processes for assessments (including risk assessments), plans and reviews, reflecting the different requirements of their roles. Although assessments, plans and reviews were sometimes shared between services, this was not always the case. This meant that individual workers did not always have a full picture of a person's circumstances. They did not always know what issues other services were supporting the person with or what outcomes they were working towards. There was potential for services to be working separately on some of the same issues or to focus on different priorities that were not compatible with each other. Very few people were supported using the care programme approach, even when complex needs suggested that this would have been helpful in improving their outcomes. In these circumstances, health and care services for people living with mental illness were not delivered seamlessly. Services could not support people to think about the overall outcomes they wanted from treatment, care and support. Some people experienced poorer outcomes as a result.

As a whole, Inverclyde Health and Social Care Partnership had a clear commitment and well-developed approach to addressing health and social inequalities. For example, during the period of the inspection, it started a targeted piece of work to respond to inequalities in a neighbourhood of Port Glasgow. The partnership recognised that many people living with mental illness were at risk of poorer outcomes due to co-existing issues. These might include, for example, homelessness, long-term physical health conditions, and alcohol and drug use. The partnership did not have processes in place to ensure a collaborative approach between the services supporting people with these issues; this was a missed opportunity to address inequalities.

People with learning disabilities who were living with mental illness were supported by the integrated community learning disability team (CLDT). In most cases, where people with learning disabilities needed treatment or support with mental illness or other issues, services were co-ordinated through key workers in the CLDT. Where this was the case, it meant that one service had an overview of the person's circumstances. The keyworker could ensure that all health and care services were delivered in line with the person's needs, preferences and desired outcomes. This led to positive outcomes for most people with learning disabilities who were experiencing mental illness.

The Inverclyde CMHT was a fully integrated team of health, social work and social care professionals. It allocated and maintained oversight of cases through a single point of access (SPOA), supported by two multi-disciplinary team meetings each week. The primary care mental health team participated in the SPOA meetings to agree appropriate allocation of cases, based on level and complexity of need. This collaborative approach was an effective way to prioritise the allocation of resources where they were most needed.

Within the CMHT, keyworkers and care managers were allocated via the multi-disciplinary team meetings. These roles were generic and were confidently undertaken by nursing, occupational therapy or social work staff. There was evidence of effective clinical oversight of NHS staff who managed core clinical functions. For some other staff, service pressures meant that there was limited opportunity to exercise their individual professional skills. As a result, people using the service did not fully benefit from the full range of professional expertise within the integrated team. For example, better use of occupational therapists' skills could have provided a greater focus on rehabilitation. This could have promoted independent living and reduced reliance on the CMHT. Social work expertise could have enhanced outcomes-focused and asset-based practice and ensured that people's rights to choice and control under self-directed support legislation were maximised.

All staff within the CMHT used the EMIS web electronic patient record system hosted by NHS Greater Glasgow and Clyde. This led to very effective information sharing between the services that used EMIS web, as all professionals had access to all records. This included staff in the community learning disability team and the alcohol and drug recovery service. However, there were barriers in information sharing with teams who did not have access to EMIS web, for example, assessment and care management teams and GPs. The primary care mental health team duplicated their recording on EMIS web and EMIS PCS so that both CMHT staff and GPs could see the information. There were particular challenges in relation to social work mental health officer (MHO) records. Mental health officers used EMIS web which most social work staff could not access. It was concerning that senior managers with responsibility for governance and oversight of statutory social work functions did not have access to EMIS web.

The partnership did not have an agreed shared approach to supporting people who provided unpaid care to friends or relatives living with mental illness. There was a lack of clarity across staff groups about what constituted an unpaid carer, which meant that the carer role was not always recognised. This was more likely to be the case when unpaid carers did not live with the person they cared for, or when people did not give permission for carers to be given information about their care and treatment. The role of young carers for parents living with mental illness was also not always identified. There were few referrals to the carers' centre or offers of an adult carer support plan or young carer's statement.

Involvement of people and carers in making decisions about their health and social care support.

The partnership's strong culture of inclusion and valuing people was visible in warm relationships between people living with mental illness and the workers who supported them. Many people had been receiving care and treatment for many years and staff knew them well. This was key in supporting positive outcomes and experiences for people. It meant that people mostly experienced person-centred support, were treated with respect and were supported to make choices and decisions that were right for them. Yet this was not always the case, partly because standard processes and templates for assessment, planning and review in the CMHT were not designed to support an outcomes-focused or asset-based approach.

Where people were subject to statutory orders, there was evidence in most cases that services worked together to make sure that the person's views were considered, and their rights were respected. People were offered advocacy services and some people clearly benefitted from advocacy support. However, oversight and governance of social work practice within the CMHT was not robust. There was a risk that lack of oversight of the MHO team could lead to people's legal rights being compromised. We did not always see full MHO records in files where we expected to see them. Inverclyde had a very low completion rate for social circumstances reports to support short-term detention certificates, which meant that decisions to restrict people's liberty were potentially made without a full understanding of their circumstances. The health and social care partnership had recognised the need to strengthen social work governance. They had reorganised the MHO team and were moving to recruit a new social work service manager for mental health services to work alongside the existing NHS service manager.

The partnership provided general information about mental health and wellbeing through leaflets and websites. This included details of services that could support positive mental health. Staff in statutory, third sector and community-based organisations, including the carers centre, provided more personalised information when people needed it.

Mental health staff did not routinely provide people with information about their rights to self-directed support (SDS). There was a perception among staff that SDS was not suitable for people living with mental illness. This meant that most people were not fully aware of their right to choice and control in relation to their care and support. The partnership had made a significant investment in training staff to have meaningful discussions about SDS. This was having a positive impact on other areas of work. The partnership recognised the need to target training and support to staff working in mental health services.

In some cases, the choice of care for people living with mental illness was limited by the range and availability of services to meet their needs. More consistent use of advance statements and future care planning would have further enhanced choice and control. Nevertheless, where appropriate, most people were provided with advice and support to encourage self-management of their condition. This gave them an opportunity to exercise control over their own wellbeing.

Unpaid carers of people living with mental illness were not routinely made aware of their rights to information, involvement and support under the Carers (Scotland) Act 2016. Where the person gave their permission to share information with their unpaid carer, they were involved and provided with relevant information in most cases. Yet we saw very few examples where unpaid carers were offered support to improve or maintain their own wellbeing.

There was limited opportunity for people to feed back their views to the partnership about the services they received. The partnership subscribed to Care Opinion, and this was beginning to produce meaningful feedback in some areas of activity, although it was not used by people living with mental illness. In some cases, people were supported to provide meaningful feedback at their reviews, but some reviews were completed without the person being involved. The primary care mental health team and in-patient services had processes in place for gathering patient feedback. Neither were currently in a position to analyse and act on it.

Evaluation

Adequate

Key Area 6 – Strategic planning, policy, quality and improvement

How effectively do integrated commissioning arrangements in the Inverclyde partnership support positive outcomes for people living with mental illness?

Key Messages

- The integration joint board was in the process of preparing a new strategic plan. This would come into effect from 2024.
- The partnership had a market facilitation and commissioning plan (2019-24) and was in the process of renewing this.
- The partnership had robust contract commissioning processes and there were good relationships with providers.
- The partnership had a commissioning focus on initiatives that supported positive mental wellbeing across its whole population.
- The partnership was still to develop its future commissioning intentions for supporting people living with mental illness.

Commissioning arrangements

The commissioning of mental health services in Inverclyde, as part of the NHS Greater Glasgow and Clyde board area, benefitted from the board's strategic approach to mental health. In August 2023, the board had approved their refreshed strategy for mental health services, 2023-28. Glasgow City Health and Social Care Partnership hosted mental health services for the board. A range of workstreams, with membership from all six partnerships in the board area, ensured a collaborative approach to implementing the strategy. The board-wide Mental Health Programme Board had responsibility for implementing the strategy at board level.

The Inverclyde Health and Social Care Partnership had a comprehensive strategic plan for 2019-24. The plan took a whole population approach, with a clear commitment to maximising opportunities for early intervention and prevention. It was built around six 'big actions' or themes, rather than around distinct client groups and had been regularly refreshed to reflect updated priorities due to the pandemic. It was supported by an outcomes framework, developed in 2023-4, that explicitly linked local priorities with the national health and wellbeing outcomes. At the point of the inspection, a new plan was under development, building on information from a joint strategic needs assessment that had been completed in 2022. It was proposed that the new plan would be structured around four themes, one of which was mental health and wellbeing. This supported the partnership's focus on a whole-system approach.

In line with its current plan, the partnership had worked hard to develop a range of integrated approaches to support the mental health and wellbeing of all its citizens. The mental health and wellbeing fund, supported by the health improvement team, allocated ring-fenced funds to local community groups. This mechanism for distributing funding was widely considered to be effective. The partnership had successfully invested in scaling up their distress brief intervention programme. It also participated in "Inverclyde Cares." This was a strategic network of public, private and third sector organisations that supported the community-led "Compassionate

Inverclyde" movement. Compassionate Inverclyde was evaluated in 2023 as producing a range of positive outcomes for individuals and communities.

The partnership was committed to including the third and independent sector as partners in strategic planning and service delivery. Council for Voluntary Sector (CVS) Inverclyde was fully involved in the development of the new strategic plan and had a clear understanding of the partnership's vision. A dedicated post had been created within the organisation to promote understanding of the partnership's strategic ambitions across the third sector. Despite this, some providers still felt that the partnership's approach to co-production could be improved.

The partnership had a market facilitation and commissioning plan (2019-24). The plan described how the partnership would work collaboratively with relevant stakeholders to shape the health and social care market in Inverclyde. There was a focus on collaboration and early intervention, reflecting the priorities of the wider strategic plan. The market facilitation group, which included third sector representation, was key to driving implementation of the plan. The group considered information from relevant stakeholders to support the development of commissioning plans for different client groups. For example, an event was held in November 2023 to consult with unpaid carers about the priorities for the new carers' strategy 2024-29.

The partnership intended that locality planning groups would also influence commissioning plans. It realigned locality planning groups in 2023, reducing their number from six to two. The partnership identified that having fewer localities would provide a more meaningful opportunity for communities, providers and people to input into service planning. This reorganisation was relatively recent and it was too early to evaluate its effectiveness in informing commissioning activities.

Third and independent sector providers reported very good relations with the contract management team and there were robust processes in place for monitoring contracts. This included consideration of people's outcomes, although the partnership did not have a standard approach to outcomes-based commissioning.

Despite a generally well-developed approach to commissioning health and social care services, the partnership did not have current commissioning plans for the particular health and care needs of people living with mental illness. Its pre-covid priority for this group was to embed a recovery focus into mental health services. Priorities understandably shifted with the pandemic to supporting the operation and development of key services. However, the partnership did not routinely collate evidence about the effectiveness of commissioned services in improving outcomes for people living with mental illness. It did not have a planned approach to gathering the views of people who used the services and their unpaid carers. There was no robust data about type or level of need (or unmet need). This meant that there was a lack of evidence to support the formulation of a commissioning plan for this group of people.

The partnership commissioned services from a range of providers to support people living with mental illness in the community. There was a monthly mental health integrated resource allocation group meeting, attended by partnership staff and providers. The meeting considered the allocation and management of individual care packages. It had a focus on both responding to need and managing budgets. The fact that both health and social work staff could access third sector resources supported the integration principle that keyworkers could be allocated from any discipline within the CMHT. Staff could monitor the activity of some third sector support services through weekly spreadsheets that providers completed and returned, detailing their activity. This enabled keyworkers to respond quickly if people's level of need changed. Financial pressures and challenges with staff retention among providers meant that support and care was not always available at the time or intensity that people needed it. There was a shortage of residential provision for people with complex needs, which was a contributing factor to some people being in hospital longer than they needed to be. It was positive that staff reported no barriers to accessing support services, other than availability.

The partnership was aware that it needed to focus attention on service responses to people living with mental illness. They expected their new strategic plan to have a focus on providing more support to people in their own communities. In line with this intention, they hoped to commission services that could provide a higher degree of community support for people living with mental illness. There was a suggestion that the Inverclyde Mental Health Programme Board would work together with the commissioning team to identify and progress commissioning requirements in relation to mental illness, but this process was not yet established. It was too early for us to evaluate the effectiveness of the partnership's future plans for commissioning their mental health services.

Evaluation

Good

Good Practice Example

Women's Supported Living Service

Staff in the community learning disability team identified a gap in provision for vulnerable women. There were challenges in supporting women who wanted to live independently, but needed a high level of support and were at risk of exploitation in the community.

The partnership worked with a local registered social landlord and a third sector support provider to develop a service response. The resulting housing support service, operational in August 2021, provided a resource across two service areas: learning disability and mental health. It enabled seven women with learning disabilities and/or mental ill health to live in their own tenancies, with flexible and responsive support. Robust telecare arrangements offered tenants the reassurance of being able to call for help at any time. The service was provided as an addition to an existing service that had been developed collaboratively between Inverclyde and Renfrewshire health and social care partnerships.

The service worked in an integrated way, with staff from the support and housing providers and the partnership working together to provide personalised responses to each tenant.

The partnership identified a range of positive outcomes for the women supported by the service, including:

- Being able to live more independently than previously
- Improved mental health and reduced mental health in-patient admissions
- Being more involved in their local community
- Improved family relationships
- Feeling and being safer.

Key Area 9 – Leadership and direction

How has leadership in the Inverclyde partnership contributed to good outcomes for people living with mental illness and their unpaid carers?

Key findings

- Leaders promoted a shared culture of collaboration, compassion and inclusion, which was broadly understood by staff and communities.
- There was an integrated approach to workforce management.
- Leaders had a clear commitment to promoting good mental health and wellbeing for all the people of Inverclyde. There was less focus on the specific needs of people living with mental illness.
- There had been a significant turnover of leadership and management staff in the two-year period prior to our inspection. This had adversely affected consistent leadership of mental health services.
- Clinical care and governance systems were effective, but the professional governance of social work functions needed to be strengthened.
- Leaders did not have good evidence about the effectiveness of mental health services in Inverclyde that could support them to identify and set priorities for change and improvement.

Leadership of people across the partnership

The Inverclyde Health and Social Care Partnership had a relatively new senior leadership team. They were committed to a collaborative culture, underpinned by a shared vision and values. They actively encouraged a whole-system, compassionate and person-centred approach that recognised the impacts of poverty, inequality and trauma on the wellbeing of their citizens. Senior leaders were confident that collaborative working was strong because they had adopted integrated and co-located working and integrated management structures at an early stage. These arrangements clearly supported collaborative working, but closer attention to processes and systems could have further improved both its quality and extent. The partnership faced significant challenges. Many senior officers had been in post for less than 12 months prior to the start of the inspection. Inverclyde had been severely impacted by the Covid-19 pandemic and was still in recovery. Financial pressures, geographical issues and challenges with recruitment and retention all impacted on the partnership's capacity to fully implement their vision.

Positively, senior leaders demonstrated that they valued their staff. The partnership had a three-year integrated workforce plan (2022 – 2025), which included the third and independent sector workforce. Progress had been made on the plan, with a range of creative measures underway to recruit and support staff. This included reviewing social care job profiles to ensure pay parity with healthcare assistants and a 'grow your own' initiative to support staff undertaking social work qualifications.

Staff across all sectors were largely confident in the leadership and direction provided by the senior leadership team and believed that their managers supported joint working. This was consistent with the results of the partnership's iMatter survey which highlighted that staff felt well informed, appropriately trained and developed and treated fairly. They felt that leaders promoted the health and wellbeing of staff.

The partnership had a well-embedded clinical and care governance framework. Clinical and care governance groups at service level linked into both the HSCP and NHS Greater Glasgow and Clyde clinical and care governance forums. The clinical and care governance group for mental health, recovery and homelessness considered matters reported through mental health services and escalated these as required. This included information from the integrated incident review group shared with the alcohol and drug recovery service. This was an effective process for escalating concerns and sharing learning to inform improvement across all six NHS Greater Glasgow and Clyde partnerships.

There was evidence of good single agency quality assurance processes for NHS staff working in mental health services. The nursing core care assurance audit tool for mental health inpatient & community services was used effectively. Analysis of data from the audit had resulted in funding for a practice development nurse to lead on the implementation of identified improvements.

However, staff in mental health services were not always clear about policies, systems and processes. There was no routine governance or quality assurance of social work practice within the community mental health team, including the statutory functions of mental health officers (MHOs). There was no self-evaluation across the range of mental health services. This meant that the partnership did not know if staff and people were getting the maximum benefit from its integrated service arrangements.

Leadership of change and improvement

The partnership's overall commitment to improving the mental health and wellbeing of Inverclyde's people was evident. In line with national and partnership strategic priorities, early intervention and prevention was a key focus for change and improvement. In contrast, there was a limited focus on improving targeted health and social care services for people living with mental illness.

The partnership's strategic priorities were organised by six 'big actions' or themes. Operationally, activities were structured in four service areas. Support and treatment for people living with mental illness was managed through the mental health, recovery and homelessness service. This service had been impacted by several changes in senior leadership in the two-year period of our inspection scope.

NHS Greater Glasgow and Clyde's clinical governance arrangements provided a level of assurance for mental health services during the leadership transitions. Operational services benefitted from committed staff working in line with long-established custom and practice. Nevertheless, the partnership's overall governance and leadership of integrated mental health services in Inverclyde was adversely affected. At the point of our inspection, senior leaders did not have access to meaningful data about the performance, quality or impact of their mental health services. This meant that they could not be confident about the effectiveness of integrated processes and commissioning arrangements in delivering seamless services and good health and wellbeing outcomes for adults living with mental illness. They were therefore not able to identify current priorities for change and improvement.

There was evidence that, prior to the two-year period of our inspection scope, the partnership had initiated a range of improvement work in mental health services. A mental health and wellbeing needs assessment had been completed in 2019, and an internal review of the CMHT service in 2020. Challenges presented by the pandemic, coupled with the number of changes in the leadership team, meant that there had been a lack of continuity to drive forward identified improvement priorities. In the case of the CMHT review, momentum had been lost completely and progress had stalled. The MHO team carried out a service redesign following an external review of the service in 2021. This included the appointment of two additional MHOs and investment in a dedicated team leader post. There was also an ongoing current review of the primary care mental health team. The MHO and PCMHT reviews reported through the mental health programme board, which had both service user and carer representation. The reviews themselves would have been strengthened by including the perspectives of people living with mental illness and their unpaid carers.

Senior leaders recognised the need to strengthen the leadership and governance of integrated mental health services in Inverclyde and took steps to do so during the inspection. Further recruitment was underway to appoint a social work service manager for the CMHT to strengthen the professional governance of social work functions. This would support the establishment of a senior management team for mental health services.

The partnership had recently developed a draft terms of reference for the integrated Inverclyde mental health programme board (MHPB). It stated that the purpose of the board was "to provide leadership to the range of mental health service improvement programmes in Inverclyde." It would report to the integration joint board. The partnership was still considering how the MHPB would support a coherent approach to local planning and commissioning of mental health services, taking account of both locally identified priorities and the ambitions of the NHS Greater Glasgow and Clyde strategy.

Evaluation

Adequate

Conclusions

The people of Inverclyde experience high levels of deprivation and health and social inequalities. The prevalence of mental illness in Inverclyde is higher than for Scotland as a whole. The health and social care partnership was committed to tackling inequality. It benefitted from a long history of integrated and co-located services and championed values of compassion and inclusion. It had significantly invested in low threshold, community-based initiatives that would support the mental health and wellbeing of its whole population.

The partnership had been less focused on health and social care services for people who were experiencing mental illness, and who needed treatment and targeted social care support. Inverclyde was badly affected by the Covid-19 pandemic and was still in a period of recovery at the time of our inspection. There had been a high turnover in management and leadership staff with responsibility for mental health services in the two years prior to our inspection. This combination of factors meant that the partnership had not had the capacity to progress previously identified improvements and did not have a clear picture of the current effectiveness of its services.

Most people living with mental illness still experienced positive outcomes from the treatment and care they received. These positive outcomes were supported by warm relationships between staff and people, custom and practice in operational services and the partnership's values of collaboration, compassion and inclusion.

People's outcomes were not always as good as they could be. Systems and processes needed to be updated and used to underpin consistent, person-centred and rights-based practice. Oversight and governance of information sharing, and the quality and performance of integrated services needed to be strengthened. People and unpaid carers needed a way to provide feedback about the effectiveness of mental health services in helping them to achieve the outcomes they wanted, and to be confident that their views would be taken into account. The partnership needed to develop a comprehensive plan for the future of health and social care services for people living with mental illness.

The partnership was aware that it needed to focus attention on its mental health services and had already taken some steps to do so. New staff had been appointed. A new strategic plan was under development. The recently refreshed NHS Greater Glasgow and Clyde strategy for mental health services, and the implementation processes supported by Glasgow City Health and Social Care Partnership, provided a timely opportunity to support improvement.

The partnership needs to work collaboratively to develop robust improvement and commissioning plans for its mental health services. It needs to put in place suitable structures and processes to support implementation of its plans. Given the partnership's key strengths and its early response to the findings of the inspection, we have a good level of confidence that it will be able to make the improvements required. This will contribute to more consistent and sustainable positive health and wellbeing outcomes for adults living with mental illness and their unpaid carers.

Appendix 1

Inspection Methodology

The inspection methodology included the key stages of:

Information gathering
Scoping
Scrutiny
Reporting

During these stages, key information was collected and analysed through:

Discussions with service users and their carers
Staff survey
Evidence submitted from partnership
Reviewing records
Discussions with staff and other stakeholders
Professional discussions with partnership.

The underpinning Quality Improvement Framework was updated to reflect the shift in focus from strategic planning and commissioning to focus on people's experiences and outcomes.

Quality Improvement Framework and Engagement Framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

The National Health and Wellbeing Outcomes Framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.

The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.

Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, Councils or third and independent sector organisations.

The quality improvement framework also takes account of the Ministerial Strategic Group's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality Indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carers' outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care
2.2	People's and carers' experience of prevention and early intervention
2.3	People's and carers' experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Engagement framework

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal “I” statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.
7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn’t working, and how things could be better.
11. I’m confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

Appendix 2

Term	Meaning
Adult carer support plan	Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan. (The equivalent for a young carer is called a young carer's statement). Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.
Advance statement	This is a written statement, drawn up and signed when the person is well, which sets out how they would prefer to be treated (or not treated) if they were to become ill in the future. It must be witnessed and dated.
Anticipatory care plan	See Future Care Plan
Alcohol and Drug Recovery Service (ADRS)	The ADRS is a joint health and social work team that offers support to people with alcohol or drug problems. The service includes addiction workers and addiction nurses who are supported by other professionals including doctors, psychology, and occupational therapists.
Capacity	Capacity is the maximum amount of care, support or treatment that day service or individual member of staff can provide.
Care and clinical governance	The process that health and social care services follow to make sure they are providing safe, effective and person-centred care, support and treatment.
Care opinion	A UK-wide online platform that allows people to share their experiences of health and social care services. It also allows services to respond to people's posts.
Care programme approach	A multi-agency approach to providing effective co-ordinated care to people with severe and enduring mental illness or learning disability, who have complex health and social care needs.
Carers' centre	Carers' centres are independent charities that provide information and practical support to unpaid carers. These are

	people who, without payment, provide help and support to a relative, friend or neighbour who can't manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for and monitored to ensure they are delivering what they are expected to.
Community Mental Health Team (CMHT)	The CMHT is a community-based mental health service. The service includes a range of mental health experts who work together to provide assessment and treatment for people with suspected or diagnosed moderate to severe mental illness/ mental disorder.
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.
Compulsory Treatment Orders (CTOs)	Under the Mental Health (Care and Treatment) (Scotland) Act 2003. A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. The CTO may set out a number of conditions that the person will need to comply with. These conditions will depend on whether the person has to stay in hospital or in the community.
Contract Management	Contract management is the process that local councils and the NHS use to ensure that services they purchase from other organisations are of a good standard and are delivering at the expected level.
Coordination	Organising different practitioners or services to work together effectively to meet all of a person's needs.
Core suite of integration indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Crisis response Team (CRT)	Community mental health service providing emergency mental health support
Community link workers	Community Link Workers are practitioners who work within GP practices providing non-medical support with personal, social, emotional and financial issues.

Day services	Care and support services offered within a building such as a care home or day centre or in the community. They help people who need care and support, company or friendship. They can also offer the opportunity to participate in a range of activities.
Direct payments	Payments from health and social care partnerships to people who have been assessed as needing social care, who would like to arrange and pay for their own care and support services.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.
Emergency planning	These are plans that set out what will be done to maintain the health and wellbeing of people who need support when their normal support cannot be provided because of some kind of emergency, for example if an unpaid carer falls ill.
External providers	Independent organisations from which the health and social care partnership purchases care to meet the needs of people who need support.
Future care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker or care worker about what matters most to them about their future care. This was previously called an anticipatory care plan.
Health and social care integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and social care partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health promotion	The process of enabling people to improve and increase control over their own health.
Hosted services	An arrangement whereby one health and social care partnership in a health board area takes responsibility for the

	planning and delivery of a particular aspect of health care for all the partnerships in the health board area.
iMatter	A tool to improve the experience of staff who work for NHS Scotland.
Independent sector	Non statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration Joint Board (IJB)	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the different needs of people in different localities. Each partnership is required to have at least two localities.
Low threshold services	Easy access services that people do not have to meet set standards or criteria to access, for example drop-in centres or conversation cafes. Low threshold services are often seen as a way of stopping people's health and wellbeing getting worse.
Mental Health Assessment Unit (MHAU)	Mental Health Assessment Units provide emergency mental health assessments in response to people who may be experiencing a mental health crisis.
Mental Health Officer	A Mental health officer (MHO) is a social worker who has the training, education, experience and skills to work with people living with mental illness. Some laws in Scotland require that the local council must appoint an MHO to work with those living with mental illness. Their duties include: • protecting health, safety, welfare, finances and property • safeguarding of rights and freedom • duties to the court • public protection in relation to mentally ill offenders.
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.

National Performance Indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
Personal assistant	Somebody who is employed by a person with health and social care needs to help them live the best lives they can. People who need care can ask a health and social care partnership for a direct payment so that they can employ a personal assistant.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.
Primary Care Mental Health Team (PCMHT)	The PCMHT is a nurse led service providing assessment and follow up for people who have common mental health problems. For example, depression, anxiety, and adjustment disorders. PCMHTs are usually staffed by mental health nurses, mental health practitioners and psychologists, and have strong links with GP surgeries.
Procurement	The process that health and social care partnerships use to enter into contracts with services to provide care or support to people.
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Rapid Re-housing and Support (RRS)	This is an Inverclyde service which focuses on rehousing people that have experienced homelessness. The service aims to provide people with support and a settled housing option as quickly as possible in order to avoid long stays in temporary accommodation.

Rehabilitation	The process of helping a person to return to good health, or to the best health that they can achieve.
Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their unpaid carers.
Single point of access (SPOA)	To help people get support at the right time. A single point of access ensures that people needing health and social care support only need to contact one service. That service will ensure they are matched with the most appropriate response, depending on their needs at the time.
Seamless services	Services that are smooth, consistent and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that empowers the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
Short breaks	Opportunities for people who need care and support and/or their unpaid carers to have a break. Its main purpose is to give the unpaid carer a rest from the routine of caring.
Short term detention certificates (STDC)	An order made by a psychiatrist with the consent of a mental health officer. A STDC may be granted if a person has a mental disorder, is at risk and/or poses a risk to others, and their decision-making ability is impaired. It allows for a person to be detained in hospital for up to 28 days in order to provide treatment.
Strategic needs assessment	A process to assess the current and future health, care and wellbeing needs of the community in order to inform planning and decision-making.
Supported living	Housing with attached support or care services. Supported living is designed to help people to remain living as independently as possible in the community.
Telecare	Telecare is the use of technology to provide health and social care to people in their own homes. It can include

	communication systems, alarms and monitoring of health status and symptoms.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary organisations but can also refer to community organisations or social enterprise organisations
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3

Six-Point Evaluation Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements

must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4

The National Health & Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Outcome 7. People using health and social care services are safe from harm.

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/23/2024/CG**
Contact Officer:	**Craig Given Head Finance, Planning & Resources Inverclyde HSCP**	**Contact No:**	**01475 715212**
Subject:	**HSCP Workforce Plan 2022-2025 - Progress Report**		

1.0 PURPOSE AND SUMMARY

1.1 For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide the Integration Joint Board with an update on the HSCP Workforce Action Plan following the annual progress report that was presented in November 2023.

1.3 The three-year Workforce Plan 2022 - 2025 was approved at the Integration Joint Board in November 2022. In June 2023, the Integration Joint Board approved the Workforce Action Plan. The last annual progress report was presented in November 2023.

1.4 Good progress has been made since the last update in November 2023. A summary table below compares the RAG status and Appendix 1 provides the full Action Plan.

RAG Status	Nov-23	May-24
Green	20	22
Amber	5	1
Red	0	0
Blue	0	2

1.5 In relation to the strategic plan priority 6.6, we have established a Workforce Group to take forward the Workforce Action Plan. The first meeting of this group was held on Monday 20th May 2024. The group has arranged updates to the Workforce Action Plan (Appendix 1) and are currently finalizing the group terms of reference. In addition to progressing the current Workforce Action Plan, the Workforce Group will begin to develop a new Workforce Plan from 2025 onwards, and in line with our new Strategic Partnership Plan approved at the Integration Joint Board in May 2024.

1.6 The next annual progress report (year 2) will be presented to the Integration Joint Board in November 2024.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board are asked to:

- Note the establishment of the Workforce Group, which will take forward the current Workforce Action Plan and commence the development of a new Workforce Plan in line with our new Strategic Partnership Plan.
- Note that the next annual progress report for Year 2 will be presented to the Integration Joint Board in November 2024.
- Note the progress since the last update in November 2023, as outlined in paragraph 1.3.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 A three-year workforce plan 2022-2025 was developed in line with guidance provided by the Health Workforce Directorate of Scottish Government in 2022 'National Health and Social Care Workforce Strategy: Three Year Workforce Plans.' This builds on both the previous plans of 2020-24 and the comments received from Heath Workforce Directorate on the 2020/21 HSCP Interim Workforce Plan. The National Workforce Strategy for Health and Social Care (2022) has been used to guide development of the HSCP plan focusing on the Five Pillars of the Workforce Journey:

- Plan
- Attract
- Train
- Employ
- Nurture

3.2 A three-year Workforce Plan 2022-2025 was presented and approved at the Integration Joint Board in November 2022. An Integration Joint Board audit of the plan was undertaken in February 2023 with the outcomes incorporated in the updated plan. This updated action plan contained more detailed sub actions, responsible officer, and timescales for delivery**.** In June 2023, the Integration Joint Board approved the updated Workforce Action Plan.

3.3 Good progress has been made since the last update in November 2023. A summary table below compares the RAG status and Appendix 1 provides the full Action Plan.

RAG Status	**Nov-23**	**May-24**
Green	20	21
Amber	5	2
Red	0	0
Blue	0	2

3.4 In relation to the strategic plan priority 6.6, we have established a Workforce Group to take forward the Workforce Action Plan. The first meeting of this group was held on Monday 20th May 2024. The group has arranged updates to the Workforce Action Plan (Appendix 1) and are currently finalizing the group terms of reference. In addition to progressing the current Workforce Action Plan, the Workforce Group will begin to develop a new Workforce Plan from 2025 onwards, and in line with our new Strategic Partnership Plan approved at the Integration Joint Board in May 2024.

3.5 Governance of the plan is via six monthly reporting to the HSCP Strategic Planning Group and an annual update in November of each year to the Integration Joint Board. The HSCP is required to submit an annual update to the Scottish Government. The Pentana performance management system will be utilised for reporting going forward.

4.0 PROPOSALS

4.1 The Integration Board are asked to note the establishment of the Workforce Group as per strategic priority 6.6.

4.2 The Integration Board are asked to note the progress since the last update in November 2023, and that the new Workforce Group will commence the development of a new Workforce Plan in line with our new Strategic Partnership Plan.

4.3 Note that the next annual progress report for Year 2 will be presented to the Integration

Joint Board in November 2024.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources	X	
Strategic Plan Priorities	X	
Equalities, Fairer Scotland Duty & Children and Young People	X	
Clinical or Care Governance	X	
National Wellbeing Outcomes	X	
Environmental & Sustainability		X
Data Protection		X

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement from	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement from (if applicable)	Other Comments

5.3 **Legal/Risk**
None

5.4 **Human Resources**
As outlined within the Plan, recruitment and retention across health and social care sector is problematic and the plan aims to augment how we address this.

5.5 **Strategic Plan Priorities**
All Six-Big Actions are impacted by the availability and adequate training and deployment of staff. The current Workforce Action Plan will continue to progress in line with our Six-Big Actions. In addition, work will begin on the development of a new Workforce Plan, which will be in line with our four strategic priorities of the new Strategic Partnership Plan.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

X	YES – Assessed as relevant and an EqIA is required. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here. Equality Impact Assessments(EIA) 2023 - Inverclyde Council
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Workforce plan supports through staff awareness, training & development
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Workforce plan supports through staff awareness, training & development
People with protected characteristics feel safe within their communities.	Workforce plan supports through staff awareness, training & development
People with protected characteristics feel included in the planning and developing of services.	Workforce plan supports through staff awareness, training & development
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Workforce plan supports through staff awareness, training & development
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Workforce plan supports through staff awareness, training & development
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Workforce plan supports through staff awareness, training & development

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

(d) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

As per the Action Plan, ongoing monitoring of vacancies, demand, capacity and skills by the SMT will ensure risks to clinical or care governance are highlighted and addressed.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improved outcomes delivered through operationalising the five pillars action plan
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Improved outcomes delivered through operationalising the five pillars action plan
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved outcomes delivered through operationalising the five pillars action plan
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved outcomes delivered through operationalising the five pillars action plan
Health and social care services contribute to reducing health inequalities.	Improved outcomes delivered through operationalising the five

	pillars action plan
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Improved outcomes delivered through operationalising the five pillars action plan
People using health and social care services are safe from harm.	Harm reduced through operationalising the five pillars action plan
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff satisfaction & retention improved through operationalising the five pillars action plan
Resources are used effectively in the provision of health and social care services.	Plan describes the required workforce & skills deployment

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been prepared following liaison with the identified workstream leads and Heads of Service.

8.0 BACKGROUND PAPERS

8.1 Our overarching three-year Workforce Plan 2022 - 2025 can be found here: https://www.inverclyde.gov.uk/assets/attach/16830/HSCP-Workforce-Plan_WEB.PDF

Inverclyde Health & Social Care Partnership
Workforce Plan 2022- 2025
Action Plan
May 2024

Appendix 1

Action 1 Inverclyde HSCP will plan to achieve the right workforce with the right skills in the right place at the right time.						
Action	**Local Actions**	**Responsible Officer**	**Target Date**	**How will we know/ measure?**	**Progress Commentary**	**RAG Status**
Staff and Staff partnership representatives are engaged in service reviews and developing future service models.	**Business Support Review** Communications plan staff engagement sessions. Operational review group	Head of Finance Planning and Resources (Chair of Business Support Programme Board)	Oct 2024	All actions will be underway, and groups will meet regularly to feed into programme board.	The Business Support review has been resumed following the appointment of the Service Manager Support Services. A report is scheduled for publication by 4th October 2024. A high-level timeline of activity has been communicated to the Business Support Team and Staff Partnership Forum. An operational review group, which is linked to the Savings Programme Board, is currently being set up.	GREEN
	Review of Homelessness services Refresh of action plans to consider short, to medium term objectives. Sub- groups to be set up.	Head of Mental Health, ADRS & Homelessness (Chair of Programme Board)	June 2024	Governance structure ensures performance monitoring, and a data dashboard allows target setting and forecasting trends.	Change Programme continues to make progress and an independent review is underway to ensure implementation of short, medium and long term objectives for service delivery, temporary accommodation provision and staffing structure.	GREEN

HSCP wide and Service level workforce profiles should be routinely reviewed quarterly to inform current demand, capacity, and skills	• Council HR & NHS HR leads to prepare and discuss quarterly reports	NHSGGC and IC HR Managers	Sept 2023	Reports presented at SMT on quarterly basis and disseminated to Service Managers	This information is provided in various formats. 1. The monthly workforce Storyboard report produced by Workforce Information. 2. WIAR Report produced and presented on a quarterly basis for review by SPF members and follow up discussion at SPF meeting. If any member of SMT is not receiving this Information, this should be discussed with CO for review of circulation 3. A comprehensive monthly absence report is circulated to Chief Officer for dissemination, as appropriate.	GREEN

Health and Care Staffing Act 2019 Minimum Staffing guidance is implemented and monitored	• Operational managers will be supported to access information and implement the act	Inverclyde HSCP Chief Nurse & Chief Social Worker	April 2024	Progress to be reported to SMT and SPF. Workplan in place to monitor progress. Risks identified and mitigated.	• SMT and SPF updates are being provided as required to ensure that SMT members are up to date with progress. • NHSGGC structures are in place, with Inverclyde representatives on committees as required from pharmacy, Nursing and AHPs • Care Inspectorate updates are being reported to Inverclyde HCSSA Programme Board via CSW. • NHSGGC lead has been appointed and comms is being shared via the CN route. • Chief Nurse & Chief Social Worker co-chair Inverclyde HCSSA Programme Board, ToR agreed and in place, with 6 weekly meeting schedule in place. • All Common Staffing Method tool runs have taken place locally and results presented to SMT and submitted to NHSGGC.	GREEN

					• Webinars from national team about the Act have been shared with all managers and SMT to support staff. • Snr Nurse LP representing NHSGGC Community Nursing on SGvt Real Time Staffing Resource – Expert	

Action 2 Inverclyde HSCP will attract a workforce which reflects the diversity of our population and continue to improve equality, diversity, and inclusion in our workforce.						
Action	**Local Actions**	**Responsible Officer**	**Target Date**	**How will we know/ measure?**	**Progress Commentary**	**RAG Status**
Ensure Inverclyde HSCP is an attractive, positive choice for those wanting to work in the health and social care sector	Focused recruitment in key areas such as Speech & Language, Psychiatry, and work with NHSGG&C primary care leads to attract GPs locally.	Service Managers in key areas	March 2024	Increase in applicants for posts. Vacant posts are recruited to. Length of time posts are vacant are reduced.	RES services have successfully recruited to a SLT post and have a plan in place for a shared additional post with Acute services to reduce the risks around a singleton post holder. CLDT successfully filled SLT and LD Nursing vacancies. Mental Health Clinical Directors and Head of Service working closely with Board Wide Deputy Medical Director to review medical staffing and introduction of specialty grade posts. Alongside Action 3 below children and families social work have been reaching out universities and wider audiences to ensure the benefits of working in Inverclyde are known. The recruitment processes was supplemented by a new recruitment information pack,	GREEN
	Work with HR to develop innovative recruitment campaigns for hard to fill posts - Learn from and develop approaches such as Care at Home recruitment.	Service Managers in key areas	March 2024			

					an improved presence on the recruitment portal and a twilight recruitment information session. 5 appointments were made in April 2024 utilising this approach.	
	Work with IC and NHSGGC to enhance entry to the workplace through graduate programmes, apprenticeships, kickstart & other employability services as appropriate	Service Managers in key areas	March 2025			
	Aim to reduce reliance on temporary contracts and bank/ locum staff.	Service Managers in key areas	March 2024		Nurse bank staff are still required to cover key operational elements of community nursing service at times of high demand/ vacancy/ sickness absence. Team leads are reviewing all rotas monthly. Care at Home Service is working jointly with HR to reduce the number of temporary posts with an aim to achieve 90% permanent. This joint exercise is ongoing and making good progress.	GREEN

					Mental Health inpatients have reduced agency usage to zero and are taking part in test of change to implement Continuous Intervention Policy with aim to reduce bank nurse costs Managers for update.	
	Utilise market facilitation to influence pay, terms, and conditions across the range of commissioned services.	Service Manager Quality & Development / Service Manager Procurement Inverclyde Council	Nov 2025	Fair work practices and the Ethical care charter is a condition of care at home contract.	Market facilitation continues to be utilized to determine contractual arrangements. On going - On track.	GREEN

Action 3 - Inverclyde HSCP will ensure staff have access to training opportunities which support their personal and professional development and supports the delivery of high-quality services.						
Development Area	**Local Actions**	**Responsible Officer**	**Target Date**	**How will we know/ measure?**	**Progress Commentary**	**RAG Status**
Development of a Training Board to plan and oversee training delivery and administer a training fund.	L&E to support development of training board.	Chief Social Work Officer	Dec 2023	Increase in SW recruitment & retention. No aim/ number to be supported agreed. Board will function as a conduit so that all managers can plan for future training needs and appropriate training can be delivered/ commissioned	Training board meet every 8 weeks. Strategies have been developed. Funding of MSc students' scheme and an internal traineeship scheme are being implemented. Internal "grow your own" scheme underway. First cohort of students will start university course Autumn 2024. Managers development day held. Report produced highlighting specific service training needs and common themes. Core skills training underway. HSCP induction – short life working group established.	GREEN
	Prioritise development & implement strategies to support recruitment & retention of Social Workers and criteria to assess effectiveness.	Chief Social Work Officer	Dec 2023			
	Develop board to oversee planning of training and identify themes/ requirements linked to appraisals, PDPs, and staff development	Chief Social Work Officer	Dec 2023			

	Sponsor & /undertake a Training Needs Assessment which highlights future training needs required to deliver the 6 Big Actions across HSCP & include third sector.	Chief Social Work Officer	Nov 2024	Training needs highlighting and incorporated in to planning processes	Training calendar produced and will be updated every 6 months.	GREEN
Support the development of leadership skills to ensure competent and confident managers and leaders at all levels	Support staff to access a range of leadership development programmes & coaching as identified in their PDP.	All line managers throughout HSCP Training Board	Nov 2025	HoS to identify NHSGG&C service managers for succession planning support programme. Leadership development discussions to be embedded as part of appraisal process. Training board will develop/ commission future leadership programmes & opportunities for joint programmes such as extending Leading in Inverclyde to third sector.	Number of external leadership courses booked. Professional Development Award in Health and Social Care Supervision is available to staff with supervisory responsibilities.	GREEN
Continue to develop the HSCP's SVQ Centre, to include Level 4 Social	Train Workplace assessors from within care at home	Service Manager Quality and	March 2024	Assessor hours meet requirement each year – achieved for 23/24 &	HSCP SVQ Centre delivers eight awards in total including 3 SVQ	GREEN

Services and Healthcare and Care Services Leadership and management	service to increase capacity. Identify anticipated future demand - Services project yearly requirements. Identify requirements from Business Support Review	Development	May 2024	24/25. Verification from SQA Staff are competent & confident – appraisals. Number of staff trained & registered with SSSC yearly. Outcome of external Verifications of centre by SQA	awards at Level 4 and the Professional Development Award in Health and Social Care Supervision. Plans to seek accreditation for HNC for residential childcare staff. Plan to seek accreditation for and National Progression Award for young people leaving residential houses. This would be in conjunction with LENS project "Practice Pad" developed by Aileen Wilson. All SQA verification checks have been confident with no sanctions. Business support have increasing involvement in monitoring the administration of the awards.	
Continue to deliver the appropriate levels of Adult & Child Protection Training.	Child & adult protection leads participate in planning & delivery of training.	Chief Social Work Officer	May 2024	Training is available on an ongoing basis commensurate with role requirements. Council officer training.	Adult Support and Protection Awareness training and financial harm training available monthly.	GREEN

	Levels of training requirement are targeted to specific roles and identified in PDPs.	Chief Social Work Officer	May 2024		The programme runs until June and will resume in August and is open to all HSCP staff and providers. To ensure the continuation of Adult Protection training, we are currently recruiting for a new Adult Protection Lead to fill that post in advance of a planned retirement. Multiple sessions at the different levels are run throughout the year	
	Implement any learning that emerges from the Scottish Child Abuse Enquiry	Chief Social Work Officer	TBC			
	Child Protection awareness is delivered on a rolling basis at the wider, general, specific and intensive contact workforce.	Child Protection Lead Officer	Current and ongoing	A large range of services from across the council will have an understanding of child protection		

Social Workers feel confident and have the ability to refresh and embed their skills in Assessment & Care Planning	Review & refresh of the HSCP's Assessment & Care Planning training	Senior Social Worker Assessment & Care Management	Complete	Number of staff supported. And evaluation of training.	On track	GREEN
Develop a programme which ensures staff are skilled in managing complaints, FOIs & SARs promotes culture change and understanding.	Develop a training matrix. Offer a suite of training across a range of platforms. Work in partnership with council FOI lead to deliver	Head of Finance Planning & Resources	March 2024	No of staff trained. Evaluation of delivery Matrix/ resources/ dates available to access or book online Expect to see an increase in response times for complaints/ FOI/ SAR and an increase in front-line resolution of complaints.	Training development day was held in November 2023 with follow up sessions delivered by Scottish Public Services Ombudsman (SPSO).	BLUE
Ensure the values & actions from The Promise plan 21-24 are incorporated in our culture & training	Five pledges as described in Promise Plan	iPromise Programme Manager	Nov 2024	Outcomes as described in Promise Plan Delivery team to be developed	I Promise team under the governance of Promise Board have provided feedback to the Promise Scotland with regards to the progress in meeting the actions from plan 21-24 in relation to a good childhood, whole family support, supporting the workforce, planning and building capacity. The updated plan 24-30 due to be published in	GREEN

					June 2024 will be shared by I Promise team across the workforce and with all partner agencies and 3rd sector. Consultation continues with our Children, Young People and Families having the opportunity to participate in activities to discuss and reflect on our local systems, practices, processes, and culture.	

Reinvigorate delivery of Promoting Excellence Framework for Dementia	Deliver informed & skilled level of training. Develop train the trainer network	Promoting Excellence Training Coordinator	Nov 2024	No of staff trained. Evaluation of delivery No of trainers embedded across services	Post is now vacant. Aim to backfill early 2024.	GREEN
Ensure all staff are competent & confident in supporting individuals experiencing thoughts of suicide	Review the range of suicide prevention training and develop a suite of F2F & digital learning which is accessible to all partners	Mental Health Programme Board (MHPB) N	End of 2023	Suicide prevention group training plan developed. No of staff accessing training. Evaluation of training delivery. Staff supervision and wellbeing conversations.	Currently staff trained in suicide prevention: • ASIST training (HSCP) 85 participants trained. • Living Works START online training 522 individual licenses issued for module completion. • ASIST training (Man On) 25 participants trained. • Workplace Wellbeing (Man On) 45 participants attended. • Safetalk - no local provision in 2023-24 but 1 session in 2022 with 14 attendees. We are working on this as part of the Suicide Prevention sub-group to co-ordinate better and identify ongoing training needs.	AMBER

Ensure compliance with Statutory and Mandatory Training	Review which reports are provided and the frequency of reports to Service Managers	Service Manager Quality & Development	March 2024	Increase in rates of compliance. Staff report they have protected time for completion. Discussion at each HSCP Health and Safety meeting takes place and any action is agreed.	Care at Home team produce a monthly report, which is distributed to all managers to monitor compliance with statutory and Mandatory training requirements. Research to identify a system to record all council and NHS training has been completed. A draft paper has been discussed at the recent meeting of the Training Board.	GREEN
	Liaise with Council HR/ OD and Health & Safety to consider with Q&L Team Lead how best to provide these	Service Manager Quality & Development	March 2024			

Action 4 - Inverclyde HSCP will ensure staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.						
Development Area	**Local Actions**	**Responsible Officer**	**Target Date**	**How will we know/ measure?**	**Progress Commentary**	**RAG Status**
Positive workplace changes from Covid-19 are embedded & spread including flexible/ hybrid working arrangements as per parent body policies	Raise awareness & promote use of flexible/ hybrid working & policies on a role-by-role basis.	All HoS and Service Managers	Nov 2024	Increase in hybrid/ flexible working and applications via appropriate policies. Staff wellbeing & satisfaction improved – supervision/ staff surveys/ iMatters.	Our approach to Hybrid Working is as an effective evolution in our ways of working that improves our performance. Decisions on hybrid working requests will be taken based on an understanding of business needs, demands and expectations. Discussions with teams take place about how teams can work better together and in consideration of individual work-styles with the availability of ICT kit / desks or other spaces in the workplace are considered by services in determining when staff will attend workplaces.	GREEN
	Encourage discussion within teams about appropriate changes which can support hybrid working.	All HoS and Service Managers	Nov 2024			
	Identify where digital support/ ICT would support working differently.	All HoS and Service Managers	Nov 2024			
Staff are motivated to remain employees of the HSCP and are actively engaged in making the HSCP a better place to work	Continue to promote the wellbeing plan as a means of valuing staff. Ensure use of team meetings/ staff development/	All HoS and Service Managers	Annual Update Annual Update	Feedback from staff survey/ iMatters Recruitment & retention rates Evidence from exit interviews	iMatter and staff survey continue to show general positive feedback from teams particularly around the efforts of recruitment and retention in the HSCP.	GREEN

	appraisal/ supervision/ 1:1/ Roll-out iMatters each year & construct aligned action plans.	 Chief Officer	 Annual Update Yearly Update 1,2,3		 All team leaders actively encouraged to complete follow up meetings and actions plans from the feedback received via iMatter.	
New staff are supported and feel confident in their new roles	Review and reinvigorate the joint Induction programme for new staff.	Service Manager Quality & Development	Mar 2024	New programme will be in place. Identification of how this will be delivered & by who. Number of new staff completed programme. Feedback from programme.	Induction programme has been developed for newly qualified social workers (NQSW) as part of the post qualifying supported year. Following the Training Board development Day, a wider induction will be developed as this was identified as a theme. Short life working group is underway to develop induction programme.	GREEN

	Continue to develop current programme of support for Newly Qualified Social Workers which delivers the year of supported practice.	Chief Social Work Officer	Nov 2023 and Yearly Update 1,2,3	Feedback/ evaluation Recruitment & retention data. Increased number of practice supervisors.	CLDT had two NQSWs and both were successfully supported through their first year of practice and have been retained. Post qualifying supported year has developed and the second cohort of NQSW have now started. There still issues with availability of mentors and team leads to undertake increased supervision requirements. Continuous learning is overseen by Learning and Development officers and regular support forums are held. NQSW support continues with current cohort. The Training Board will consider recent changes to requirements and formalizing of procedures prior to mandatory implementation in Oct 24.	GREEN

Action 5 - Inverclyde HSCP will foster workforce cultures, kind and compassionate leadership that supports wellbeing and positive workplaces.						
Development Area	**Local Actions**	**Responsible Officer**	**Target Date**	**How will we know/ measure?**	**Progress Commentary**	**RAG Status**
Staff wellbeing is supported and improved	Continue to implement and develop the staff wellbeing plan.	HSCP Wellbeing Lead/ All Line Managers	Nov 2025	Managers and staff report awareness of the wellbeing plan. Staff supervision/ 1:1 discussion includes wellbeing elements.	The work and initiatives conducted last year have been built on and support with health and wellbeing continues throughout the HSCP and throughout Inverclyde with our partners. Both parent employers have a dedicated health and well-being page for our employees.	GREEN
	Managers utilize opportunities to discuss wellbeing on a 1:1 and team basis.		Nov 2025			
	Work towards achieving the No One Grieves alone charter for HSCP (timescale tbc)		TBC			
Progress towards becoming a trauma informed and responsive organisation through provision of trauma informed training and implementation support	Continue to progress actions under four strategic themes, as described in the Trauma Informed and Responsive Inverclyde Delivery and Improvement Plan	Trauma Informed Practice Lead Officer	Annual update	Staff awareness of the impact of trauma and trauma informed approaches Number of staff and leaders accessing training Evaluation of training delivery Feedback from	National Trauma Transformation Programme training and resources continue to be accessed by staff including HSCP and third sector partners. No. staff accessed to date: • Scottish Trauma Informed Leaders Training (STILT): 51 • Level 1 online animation: 155	GREEN

				development/coaching sessions re. trauma informed approaches being implemented Evidence of trauma informed approaches being considered in policies, processes and service delivery	• Level 2 core e-module: 45 Rolling calendar of in-person training at Levels 1 and 2 now available to all. No. staff accessed to date: • Level 1: 88 • Level 2: 129 An additional 46 staff have accessed Level 3 Training as part of the 'Women in the Justice System' Early Action System Change Project Ongoing inputs and development sessions/workshops offered to services and teams Follow-up reflective coaching sessions for attendees of L2 training due to be offered to aid evaluation and support embedding of training into practice.	

				and reviewing services Trauma informed spaces e.g., reception areas and interview rooms.	trauma-trained and trauma aware. There is ongoing evaluation in terms of translating the training into practice.	
Staff achievements are celebrated	HSCP will continue to plan and organise the yearly HSCP staff awards.	Chief Officer and HoS	May 2023	Number and range of nominations received. Number of attendees at events Feedback from staff	HSCP Staff Awards were held in the Beacon Arts Centre on 23rd February 2024. Work is now complete for the winners to attend the NHSGGC staff on 30th May 2024. Nominations have been entered for the Pride of Inverclyde Awards, closing date 24th May 2024.	BLUE
	Winners attend the NHSGGC staff awards.	Chief Officer and HoS	Yearly			
	Managers nominate staff/ teams for these awards, Pride of Inverclyde, and others.	HSCP Managers	Yearly			

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**24 June 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/27/2024/KR**
Contact Officer:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 712722**
Subject:	**Chief Officer's Report**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 24 June 2024.

2.0 RECOMMENDATIONS

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- Delayed Discharge
- Review of Policy and Procedures Document
- Lens (Adults Services)
- HSCP Leader of the Year Award
- Practice Pad Launch

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

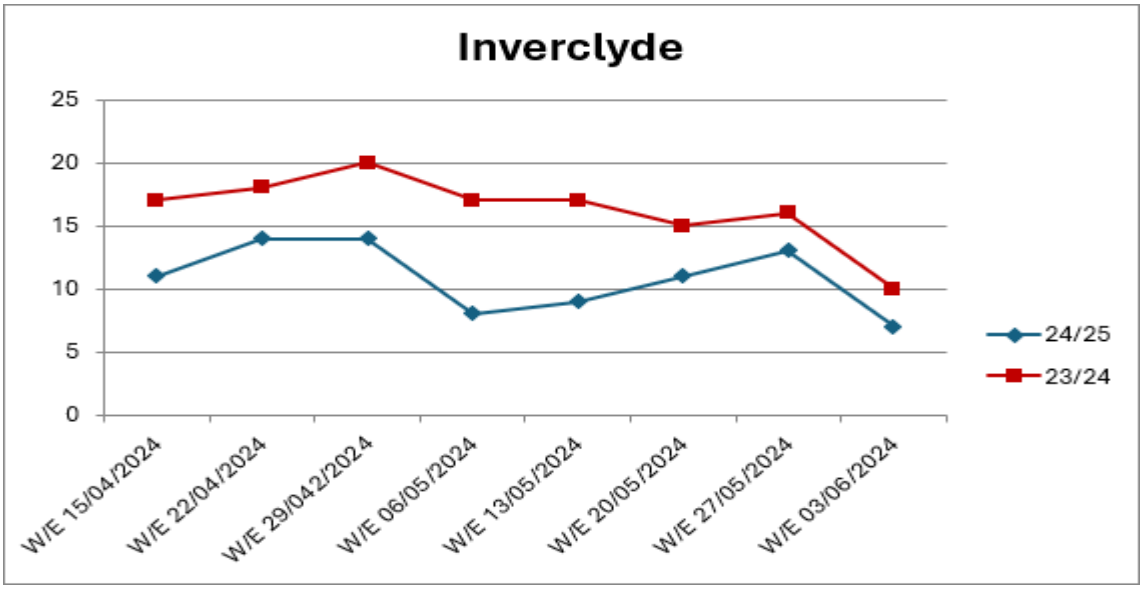
3.0 BACKGROUND AND CONTEXT

3.1 The IJB is asked to note the HSCP service updates and that future papers may be brought forward to the IJB as substantive agenda items.

4.0 BUSINESS ITEMS

4.1 Delayed Discharge

Inverclyde HSCP has achieved consistently improved performance in relation to delayed discharges in 2024. The below graph demonstrates a lower number of individuals being delayed in Inverclyde Royal Hospital for 8 weeks when comparing with the same period in 2023. This sustained improvement has been achieved through continuing to foster a culture of joint working, timeous communication, and pro-active discharge planning. In terms of bed days lost there were 307 bed days lost in May 2024, this is our best performing month since January 2022. For delayed episodes (delayed patients) we had our best performing months since August 2021.



Work is underway across Greater Glasgow and Clyde to develop a consistent approach to recording delays. Inverclyde HSCP is supporting this work which aims to improve accuracy and consistency of delay recording which will enable more accurate comparison with HSCP's across Greater Glasgow and Clyde in future.

Inverclyde HSCP staff and Inverclyde Royal Hospital acute staff are attending the first shared learning event in June 2024. This event aims to continue to strengthen knowledge and understanding of roles and identify opportunities to improve joint working for the benefit of our Inverclyde residents.

4.2 Review of Policy and Procedures Document

As per the 2022/23 External Audit recommendations report, the HSCP is required to conduct a timely review and update of all policy and procedures documents and report this via the IJB.

For 2023/24 management have conducted this review and provided an updated review of the Chief Social Work Officer's remit and authorisation limits as part of the annual Chief Social Worker's report. An update a review of the IJB's integration schemes has also been made and has been

reported via this Committee after discussions and approval by both Inverclyde Council and Greater Glasgow and Clyde Health Board.

For 2023/24 senior management conducted a review of all other main policies and procedures and have made no further changes to any other main polies and procedural documents.

4.3 **Lens (Adult Services)**

Inverclyde HSCP are committed to enabling people to live well, for longer, in thriving communities, by promoting health and wellbeing. Our vision is to be a caring and compassionate community, working together to address inequalities and assist everyone to live active, healthy, and fulfilling lives.

In improving lives, Inverclyde HSCP Adult Services have committed an investment fund of £50,000 to develop and test up to six new and innovative ideas submitted and developed by our staff through the Lens programme.

The Lens are a charitable organisation who work in partnership, to transform impact and effectiveness by embracing an intrapreneurial mindset to create opportunities for change.

The staff whose projects made it through the first phase of the process, have now been supported by the Lens to develop innovation skills, empowerment, and confidence in their ideas. The final is on the 13th of June at the Beacon, where participants will have the opportunity to pitch their projects to an investment board. Good luck to all participants.

4.4 **HSCP Leader of the Year Award**

Aileen Wilson, Team Lead for residential services, won the Inverclyde HSCP Leader of the Year award in February 2024 at a ceremony in The Beacon Arts Centre. This award qualified Aileen to be shortlisted for the wider NHS GGC Celebrating Success Staff Awards ceremony held on 30th May 2024 in the Radisson Blue Hotel in Glasgow where she won the overall Staff Award for Leader of the Year 2023-24. This was a well-deserved accolade in recognition of Aileen's commitment to delivering the Promise and improving outcomes for the children and young people of Inverclyde.

4.5 **Practice Pad Launch**

The Practice Pad is one of the ideas to action developed by The Lens Programme which supports Inverclyde's vision to deliver The Promise and improve outcomes for our young people. The Practice Pad launches on Friday 21st June to support our young people currently living in our three children's houses to develop independent living skills at an earlier stage and support them to practice living on their own in a safe, supported environment before they take a tenancy of their own.

The tenancy was set up with support from our iPromise Modern Apprentice and included development days with planning and consultation with our young people. Five modules have been developed to complement the skills being developed by young people alongside the Continuing Care and Throughcare Team. Further development is now underway in partnership with the Homeless Service, the training team and SQA to match the modules to an SQA in Tenancy. This also allows young people the chance to gain additional qualifications as they learn.

In addition, meetings were organised for the Residential and Throughcare Team Leads to attend local RSL meetings to promote the work of The Practice Pad and ask for this to be considered as part of our bespoke housing applications. Once the Practice Pad is established with our young people in residential care, it will be expanded to support young people in kinship and foster care.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities		x
Equalities, Fairer Scotland Duty & Children and Young People		x
Clinical or Care Governance		x
National Wellbeing Outcomes		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

There are no legal implications within this report.

5.4 **Human Resources**

There are no specific human resources implications arising from this report.

5.5 **Strategic Plan Priorities**

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function, or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Strategic Plan aimed at providing access for all.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Strategic Plan is developed to oppose discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan engaged with service users with protected characteristics.
People with protected characteristics feel included in the planning and developing of services.	Strategic Plan engaged with service users with protected characteristics.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Strategic Plan covers this area.
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Strategic Plan covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Strategic Plan covers this area.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

There are no clinical or care governance implications arising from this report.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Strategic plan covers this.
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.

5.9 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy, or document which is like to have significant environmental effects, if implemented.

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy, or document which is like to have significant environmental effects, if implemented.

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.